## N15000008898

(Requ	uestor's Name)				
(Addr	ress)				
(Addr	ess)				
(City/State/Zip/Phone #)					
PICK-UP	WAIT	MAIL			
. (Busi	ness Entity Nam	ne)			
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



900278591249

11/03/15--01029--010 \*\*160.00

15 NOV -3 AM II: 57

NOV 0 5 2015 Y SULKER

Neighborhoods.com LLC Attn: David A. Hernandez 1525 w. Homer Street Suite 301 Chicago, IL 60642 (773) 278-5500

State of Florida-Division of Corporations
Division of Corporations
Registration Services
P. O. Box 6327
Tallahassee, FL 32314

October 30, 2015

To Whom it May Concern:

Attached and enclosed please find a completed Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida for Neighborhoods.com LLC-a Delaware Limited Liability Company.

Included is a Certificate of Good Standing from the Delaware Secretary of State, as well as a business check in the amount of \$160.00 for filing fees.

Please forward the Certified Copy as well as the Certificate of Authority to the address below:

Neighborhoods.com LLC Attn: David A. Hernandez 1525 w. Homer Street Suite 301 Chicago, IL 60642

If there are any questions, please feel free to contact me at (773) 278-5500, or via e-mail at david.hernandez@55places.com

Thank you!

David A.Hernandez

Regulatory Compliance Coordinator

anda.

## **COVER LETTER**

		ration Section on of Corporation	<b>35</b>				
SUBJEC		EIGHBORHOOD	S.COM, LLC				
502420			Name of I	imited Liability	Company		
The encl Existence	losed "A	Application by For theck are submitted	eign Limited Liability Comp d to register the above refere	any for Authorizanced foreign limi	ition to Tra ted liability	nsact Business in Florida," ( company to transact busine	Certificate of ss in Florida
Please re	eturn all	correspondence c	oncerning this matter to the i	following:			
		David A. Herna	undez				
			Na	me of Person	· · · · · · · · · · · · · · · · · · ·		
	Neighborhoods.com LLC						
		Firm/Company					
		1525 w. Homer	Street, Suite 301				
		Address					
		Chicago, IL 600	542				
		City/State and Zip Code					
		david.hernandez(	@55places.com				
			E-mail address: (to be used	for future annua	report not	ification)	
For furth	er infor	mation concerning	g this matter, please call:				
	David	Hernandez		773 at (	278-550	00	
	David Hernandez  Name of Contact Person		f Contact Person	Area Code	Day	time Telephone Number	
	Divisio Registr P.O. Be	ing ADDRESS; on of Corporations ation Section ox 6327 assee, FL 32314			Division of Registration But Clifton But 2661 Execution	ADDRESS: of Corporations on Section uilding cutive Center Circle ce, FL 32301	
		eck for the followi 5.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filir Certified Copy	ng Fee &	5 \$160.00 Filing Fee, Cer of Status & Certified Copy	

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

NEIGHBORHOODS.C	OM, LLC ign Limited Liability Company; must include "L	**************************************	11 C %	<u>.</u>	
(Name of Fore	ign Limited Liability Company; must include "L	imited Liability Company, L.L.C., or	Libe. )		
(If name unavailable, enter all Liability Company," "L.L.C,"	ernate name adopted for the purpose of transacti	ng business in Florida. The alternate name	must include	"Limite	:d
2. Delaware	3. 68-6	0653419			
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)		<del></del>	
4	(Date first transacted business in Florida (See sections 605.0904 & 605.0905, F.S., to	, if prior to registration.)			
5. 1525 w. Homer Street,	·	determine peractly mentally,			
Chicago, IL 60642					
	(Street Address of Principal Off	œ)			
6			*******		
	(Mailing Address)			15	
7 No	, ,	200 (.1.)	<u> </u>	NO.	
/. Name and street addres	s of Florida registered agent: (P.O. Box NO	11 acceptable)	288	1	Prostan
Name:	NRAI Services, Inc.		ET A	ω	
Office Address:	1200 South Pine Island Road		ت ده پښ	<u> </u>	1,1
	Plantation	, Florida 33324	<u> </u>	<del></del> 5	t me see
Registered agent's accept	(City)	(Zip code)	υć	7	
Having been named as rej	gistered agent and to accept service of proci ion, I hereby accept the appointment as rej				
to complywith the provision	ons of all statutes relative to the proper and	complete performance of my duties,	and I am fan		
	ny position as registered agent.  NRAI Services Inc.)  By:	Jenifer Vincen  Vice President & Assistant	it Secretary		
	(Registered agent's	signature)			
8. The name, title or capa	city and/address of the person(s) who has/ha	ve authority to manage is/are:			
William Ness: President 1	525 w. Homer Street, Suite 302, Chicago, I	L 60642			
Daniel Goodman: Vice-Pr	esident 420 w. Haleys Hill Ct., Palatine, IL	60074			
Nicola J. Martz: Manager	241 Disston Avenue, Clermont, FL 34711				
Attached is a certificate	of existence, no more than 90 days old, duly	authenticated by the official having c	ustody of reco	ords in	the
	of which it is organized. (If the certificate is				
	Sally				
	Signature of an author	zed person			
	in accordance with section 605.0203 (1) (b) the Department of State constitutes a third of			tion	
	William Ness-President				
	Typed or printed name	of signee			

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NEIGHBORHOODS.COM, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF OCTOBER, A.D. 2015.

5829893 8300 SR# 20150491219

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 10232812

Date: 10-13-15