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CRETARY OF STATES

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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

| ACCOUNT NO. : I20000000195 REFERENCE : 353679 4304512 AUTHORIZATION : Control of the control o | | - |
|--|-----------------|----------------|
| ORDER DATE: November 2, 2016 | | |
| ORDER TIME : 11:58 AM | | |
| ORDER NO. : 353679-075 | | |
| CUSTOMER NO: 4304512 | 35 Z | ALLA |
| FOREIGN FILINGS NAME: HPA BORROWER 2016-2 ML LLC | NOV -2 AM 8: 42 | HASSEE FLORIDA |
| XXXX QUALIFICATION (TYPE: LL) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING | | 2** |

EXAMINER:

CONTACT PERSON: Melissa Zender -- EXT# 62956

COVER LETTER

TO:

| TO: | Registration Section Division of Corporation | ons | | | | | |
|------------------|--|--|--------------------|--|--|-------------|-------------|
| SUBJI | HPA Borrower 20 | 16-2 ML LLC | | • | | | |
| DUDUZ | | Name of | Limited Liability | Company | | | |
| | | oreign Limited Liability Comp ted to register the above refer | | | | | |
| Please | return all correspondence | concerning this matter to the | following: | | | | |
| | Benjamin Hel | llweg | | | | | |
| | | N | ame of Person | | | | |
| | Home Partner | rs of America, Inc. | | | | | |
| | | F | irm/Company | | · | | |
| | 180 North Stetson Avenue, Suite 3650 | | | | | | |
| | | Address | | | | | |
| | Chicago, IL 6 | 0601 | | | | | |
| | | City/S | tate and Zip Code | ; | | | |
| | bhellweg@hom | nepartners.com | | | | 6 | |
| | | E-mail address: (to be use | d for future annua | l report no | tification) | AON | AE |
| For fur | ther information concerni | ing this matter, please call: | | | | -2 | ARY |
| Benjamin Hellweg | | 877 at (| 234-51 | 55 | AN 8: | | |
| | Name | of Contact Person | Area Code | Day | time Telephone Number | 14. 14.2 | |
| | MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314 | | | Division Registrat Clifton B 2661 Exe | of Corporations ion Section suilding ecutive Center Circle see, FL 32301 | 70 | S.J. |
| Enclose | ed is a check for the follo | wing amount: ☐ \$130.00 Filing Fee & | □ \$155.00 Fili | ng Fee & | □ \$160.00 Filing Fee, Ce | | |
| | | Certificate of Status | Certified Copy | | of Status & Certified Cop | y | |

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

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: HPA Borrower 2016-2 ML LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") 2. Delaware 3. applied for (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) Upon qualification (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 180 North Stetson Avenue, Suite 3650, Chicago, IL 60601 (Street Address of Principal Office) 180 North Stetson Avenue, Suite 3650, Chicago, IL 60601 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: Tallahassec (City) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.
Corporation Service Company Melissa Zender Asst. Vice President (Registered agent 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: William Young, Managing Partner; Edward J. Dowd, Senior Vice President; John S. Dowd, Senior Vice President; Benjamin Hellweg, Senior Vice President; Sharon S. Park, Senior Vice President, Ayoub A. Rabah, Senior Vice President Diane M. Rittmanic, Senior Vice President; address for all of the above; 180 North Stetson Avenue, Suite 3650, Chicago, IL 60601 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) Signature of an authorized person This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Typed or printed name of signee

Benjamin Hellweg

Page 1

<u>Delaware</u>

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "HPA BORROWER 2016-2 ML 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 SECOND DAY OF NOVEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HPA BORROWER 2016-2 ML LLC" WAS FORMED ON THE NINETEENTH DAY OF OCTOBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

16 NOV -2 AM 8: 42

Authentication: 203266234

Date: 11-02-16

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