M170000684S

<u> </u>	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer

Office Use Only



100302404011



D SCOTT AUG 1 1 2017 CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 762023 4304394

AUTHORIZATION :

COST LIMIT : \$ 160.00

ORDER DATE : August 10, 2017

ORDER TIME : 12:30 PM

ORDER NO. : 762023-015

CUSTOMER NO: 4304394

FOREIGN FILINGS

NAME: OPENDOOR PROPERTY W3 LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

____ PLAIN STAMPED COPY

XX __ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

COVER LETTER

TO:

TO:	Registration Secti Division of Corpo				
SUBJI		PROPERTY W3 LLC			
SUBJI		Name	of Limited Liability (Company	
				tion to Transact Business in Floridated liability company to transact bu	
Please	return all correspond	ence concerning this matter to	the following:		
	Erica Na	varro			
			Name of Person		
	Mayer B	rown LLP			
			Firm/Company		_
	71 S. Wa	cker Drive			
			Address	······································	
	Chicago.	H. 60606			
	-	Cit	y/State and Zip Code		
	compliance	email@eseglobal.com			
		E-mail address: (to be	used for future annual	report notification)	_
For fur	ther information con	cerning this matter, please call:			
	Erica Navarro		312 at (701-8492	· 1
	, N	lame of Contact Person	Area Code	Daytime Telephone Number	, , ,
	MAILING ADDI Division of Corpor Registration Section P.O. Box 6327 Tallahassee, FL 32	rations on		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	12 14 1.50
Enclos	ed is a check for the \$125.00 Filing.	_	& □ \$155.00 Filir Certified Copy	ng Fee & \$160.00 Filing Fee, of Status & Certified C	

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. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

TANK GIAMANACA THE INCIDENCE	ame adopted for the purpose of transacting business in Fl	locida. The alternate name must include "Limited Lia	hibity Company " "E.L.C." or "LLC.")
Delaware	and anytics for the particle of managering residence in the		
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3. (FEI num	ber, it applicable)
Diver filling			
Upon filing	(Date first transacted business in Florida, if prior to	o registration.)	
116 Nov. Montagnos	(See sections 605.0904 & 605.0905, F.S. to determ	, ,	Suita 820
116 New Montgomery (Street Address of	Principal Office)	6. 116 New Montgomery St. (Mailing Add	res)
San Francisco, CA 941	105	San Francisco, CA 94105	
Name and street address	ss of Florida registered agent: (P.O. Bo	x <u>NOT</u> acceptable)	
Name:	Corporation Service Company		
	1201 Hays Street		
Office Address:	1201 Hays Steet	·····	
	Tallahassee (City)	, Florida 32301 (Zap cod	
	• • • • • • • • • • • • • • • • • • • •	and complete perjormance of my	duties, and I am familiar with
	s of my position as registered agent. Corporation Service Compa By: (Registered agent)	ny AA	Courthey Willia Asst. Vice Pools
nd accept the obligation	s of my position as registered agent. Corporation Service Compa By: (Registered agent)	ny (signature)	Courthey Milia
nd accept the obligation	s of my position as registered agent. Corporation Service Compa	ny (signature)	Courthey Milia
Title or Capacity:	S of my position as registered agent. Corporation Service Compa By: (Registered agent) acity and address of the person(s) who have	ny vignature) pas/have authority to manage is/are: Title or Capacity:	Courthey Millia Asst. Vice Procis
Title or Capacity:	S of my position as registered agent. Corporation Service Compa By: (Registered agent) acity and address of the person(s) who have and Address: co W LLC 116 New Montgomery St Suite 820	ny signature) v si	Oourthsy Milia Asst. Vice Procis
nd accept the obligation The name, title or cap: Title or Capacity:	S of my position as registered agent. Corporation Service Compa By: (Registered agent) acity and address of the person(s) who hame and Address: co W LLC 116 New Montgomery St	ny vignature) pas/have authority to manage is/are: Title or Capacity:	Oourthey Milia Asst. Vice Apoli Name and Address:
nd accept the obligation The name, title or cap: Title or Capacity:	S of my position as registered agent. Corporation Service Compa By: (Registered agent) acity and address of the person(s) who have and Address: co W LLC 116 New Montgomery St Suite 820	ny vignature) pas/have authority to manage is/are: Title or Capacity:	Oourthsy Milia Asst. Vice Procis
nd accept the obligation The name, title or cap: Title or Capacity:	S of my position as registered agent. Corporation Service Compa By: (Registered agent) acity and address of the person(s) who have and Address: co W LLC 116 New Montgomery St Suite 820	ny vignature) pas/have authority to manage is/are: Title or Capacity:	Oourthey Milia Asst. Vice Procis
The name, title or cap: Title or Capacity: Opendoor Property Hold	Corporation Service Compa By: (Registered agent) acity and address of the person(s) who hame and Address: co W LLC 116 New Montgomery St Suite 820 San Francisco, CA 94105	ny vignature) pas/have authority to manage is/are: Title or Capacity:	Oourthsy Milia Asst. Vice Procis
Title or Capacity:	Corporation Service Compa By: (Registered agent) acity and address of the person(s) who hame and Address: co W LLC 116 New Montgomery St Suite 820 San Francisco, CA 94105	ny vignature) pas/have authority to manage is/are: Title or Capacity:	Oourthey Millis Asst. Vice Free Name and Address:
The name, title or cap: Title or Capacity: Opendoor Property Hold	Sof my position as registered agent. Corporation Service Compa By: Registered agent acity and address of the person(s) who hame and Address: co W LLC 116 New Montgomery St Suite 820 San Francisco, CA 94105 essary) of existence, no more than 90 days old of which it is organized. (If the certifical	nas/have authority to manage is/are: Title or Capacity: Member duly authenticated by the official ha	Name and Address:
Use attachments if neces Attached is a certificate risdiction under the law f the translator must be s	Sof my position as registered agent. Corporation Service Compa By: Registered agent acity and address of the person(s) who hame and Address: co W LLC 116 New Montgomery St Suite 820 San Francisco, CA 94105 essary) of existence, no more than 90 days old of which it is organized. (If the certifical	nas/have authority to manage is/are: Title or Capacity: Member duly authenticated by the official hatte is in a foreign language, a translation.	Name and Address: Name and Address: On the certificate under oath

Typed or printed name of signer

SIGNATURE PAGE

TO

FOREIGN LLC AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

Date: August 9, 2017

OPENDOOR PROPERTY HOLDCO W LLC.

By: OD Mezzanine Borrower W LLC, its sole Member

By: OpenDoor Labs Inc., its sole Member

Name: Jason Child

Title: Chief Financial Officer



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

DELAWARE, DO HEREBY CERTIFY "OPENDOOR PROPERTY W3 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 TENTH DAY OF AUGUST, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OPENDOOR

PROPERTY W3 LLC" WAS FORMED ON THE SEVENTEENTH DAY OF JULY, A.D.

2017.

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



Authentication: 203034522

Date: 08-10-17

٣

6481802 8300 SR# 20175659600