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(Requestor's Name)								
(Address)								
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(Address)								
(City/State/Zip/Phone #)	_							
PICK-UP WAIT MAIL								
(Business Entity Name)	_							
(Document Number)								
Codified Conver								
Certified Copies Certificates of Status	-							
Special Instructions to Filing Officer.	7							
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Office Use Only



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K. SALY AUG 1 1 2017 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 762023 74

AUTHORIZATION

COST LIMIT : \$ 160.00

ORDER DATE: August 10, 2017

ORDER TIME : 12:30 PM

ORDER NO. : 762023-010

CUSTOMER NO: 4304394

FOREIGN FILINGS

NAME: OPENDOOR PROPERTY W2 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:

Registration Section Division of Corporations

SUBJECT: _	• • • • • • • • • • • • • • • • • • • •	Name of I	Limited Liability Co	ompany	-				
				ion to Transact Business in Florida, ed liability company to transact busi					
Please return al	Il correspondence o	concerning this matter to the	following:						
	Erica Navarro								
	Name of Person								
	Mayer Brown LLP								
	Firm/Company								
	71 S. Wacker Drive								
	Address								
	Chicago, IL 60606								
	-	City/S	tate and Zip Code		_				
	compliancemail(@cscglobal.com							
		E-mail address: (to be used	d for future annual i	report notification)	_				
For further info	ormation concernin	g this matter, please call:							
Erica	Navarro		312	701-8492					
	Name (of Contact Person	Area Code	Daytime Telephone Number	_				
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314				STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301					
	heck for the follow 25,00 Filing Fee	ring amount: □ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Certified Copy	g Fee & = \$160.00 Filing Fee, C of Status & Certified Co					

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

IN COMPLIANCE WITH SECTION (05.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

١.	OPENDOOR PROPER	TY W2 LLC	ted Liabilii	v Company " "L.L.C. " or "LLC")	
	·			· · · · ·	
ιlí	name unavailable, enter alternate n	ame adopted for the purpose of transacting business in F	Ronda. The a	ternate name must include "Limited Liab	ulity Company," "L.L.C." or "LLC.")
2.	Delaware		3.		
	(Jurisdiction under the law of w	nich (oreign limited liability company is organized)		(FEI numb	er, if applicable)
	Upon filing				
⊣.		(Date first transacted business in Florida, if prior t (See sections 605.0904 & 605.0905, F.S. to deter	n registration	L.) II. SCHOLL	
	116 Nov. Manteconom			•	ei 920
5.	116 New Montgomery (Street Address of I	ringual Office)	6.	116 New Montgomery St. (Mailing Addi	suite 820.3
	San Francisco, CA 941			San Francisco, CA 94105	Suite 820.
					
_			NAME	. 11.5	第 英
7.	Name and street addres	ss of Florida registered agent: (P.O. Bo	ox <u>NO1</u> :	acceptable)	
	Name:	Corporation Service Company			95 %
		1201 Hays Street			2
	Office Address:	1201 Hays Street			~
		Tallahassee		Florida 32301 (Zip cod	
	egistered agent's accep	(City)	•	(Zip cod	r)
ar	nd uccept the obligation.	s of my position as registered agent. Corporation Service Compa By:	1	1. Fruit	Melissa Zender —Asst. Vice President
		(Registered agent	's signature)		71001.
8	The name, title or capa Title or Capacity:	acity and address of the person(s) who leads to a Name and Address:		authority to manage is/are: itle or Capacity:	Name and Address:
	•	co W LLC 116 New Montgomery St		Mamban	
		Suite 820		Member	
		San Francisco, CA 94105			
			_		
71	Use attachments if neces	earyl			
		·			
ju		of existence, no more than 90 days old of which it is organized. (If the certification abmitted)			
		uted in accordance with section 605.02 the Department of State constitutes a t			
		Signatu	ire of an amb	onzed person	
		· ·			
		See attached signature page			
			or printed na	me of signee	

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

2011 AUG 10 AM 9: 2:



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

DELAWARE, DO HEREBY CERTIFY "OPENDOOR PROPERTY W2 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

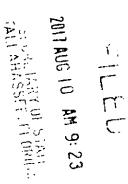
OFFICE SHOW, AS OF THE TENTH DAY OF AUGUST, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OPENDOOR

PROPERTY W2 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.





6481880 8300 SR# 20175659609 Authentication: 203034532

Date: 08-10-17