## 141700009594

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
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NOV **1**4-2017 Y SULKER CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I20	000	UU	νυι	195
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REFERENCE : 906707 4304512

AUTHORIZATION : Charles

COST LIMIT : \$ 125.00

ORDER DATE: November 10, 2017

ORDER TIME : 1:43 PM

ORDER NO. : 906707-015

CUSTOMER NO: 4304512

## FOREIGN FILINGS

NAME: HPA BORROWER 2017-1 ML LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

## **COVER LETTER**

TO;	Registration Section Division of Corporati	ons					
SUBJE	HPA Borrower 20	)17-1 ML LLC					
		Name of	Limited Liability	Company		<del></del>	
The encl Existence	osed "Application by F e, and check are submit	oreign Limited Liability Content to register the above referenced to register the above referenced to research to the second content	ipany for Authoriz renced foreign limi	ation to Tra ited liabilit	ansact Business in Florida y company to transact bus	a," Cortifica siness in Flo	ite of orida
Please re	eturn all correspondence	concerning this matter to the	e following:				
	Diane M. Rit	tmanic					
	<del>-</del>	1	Name of Person	<del></del>		_	
	Home Partne	rs of America, Inc.					
		F	irm/Company			<del>-</del>	
	180 North Ste	etson Avenue, Suite 3650					
	<del></del>		Address			<del></del>	
	Chicago, IL 6	0601					
	<del></del>	City/S	State and Zip Code	, ==.		_	
	drittmanic@ho	mepartners.com					
	·	E-mail address: (to be use	d for future annual	report not	ification)		177
For furth	er information concerni	ng this matter, please call:					17
	Diane M. Rittmanic		877 at (	234-51	55	<b>.</b> :	CE
,	Name	of Contact Person	Area Code	Day	time Telephone Number		<u> </u>
	MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division of Registrati Clifton Be 2661 Exe	ADDRESS: of Corporations on Section pilding cutive Center Circle ce, FL 32301		17 MCV 13 AM BILL
	is a check for the follow □ \$125.00 Filing Fee	wing amount:  \$\Bigsim \frac{1}{2} \frac{1}{3} \frac{1}{3} \text{0.00 Filing Fee & Certificate of Status}	S155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Cof Status & Certified Co		

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

IN COMPILANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

HPA Borrower 2017-1	AINESS IN THE STATE OF FLORIDA ML LLC	¥.			
	eign Limited Liability Company; mu	st include "Limited L	iability Company," "L.L.C.," or	LL.C.")	- <del></del>
(If name unavailable, enter al Liability Company," "L.L.C,	Iternate name adopted for the purpose " or "LLC.")	e of transacting busin	ess in Florida. The alternate name	raust include "	Limited
Delaware		3. applied for			
	of which foreign limited liability	J	(FEI number, if applicable)		
Upon qualification					
·	(Date first transacted busine (See sections 605.0904 & 605.	ess in Florida, if prior	to registration.)		
180 North Stetson Ave	enue, Suite 3650, Chicago, IL 606				
	(Street Address of I	Principal Office)			
180 North Stetson Aver	nue, Suite 3650, Chicago, IL 606	•			<b>X</b>
',					17 NOV
				•	
	(Mulling /	Address)			من 6ن
. Name and street address	s of Florida registered agent: (P.	O, Box NOT acce	ptable)	•	<u> </u>
Name:	Corporation Service Company	•		•• •	လ် 3E
Office Address:	1201 Hays Street		_	- <del>-</del> -	94:
	Tallahassee		, Florida	•	
Registered agent's accept	(City)	<u> </u>	(Zip code)		
his application, I hereby i	gistered agent and to accept servacept the appointment as regist statutes relative to the proper and tion as registered agent.  Corporation Service Companage:  By:	tered agent and agr d complete perforn	ee to act in this capacity. I fu	rther agree to familiar with a Roxal	comply and accept nne Turner
	(Registe	ered agent's signature	)	ASSI. VI	ce Preside
8. The name, title or capa	city and address of the person(s)	who has/have author	ority to manage is/are:		
	Munish Bansal, Chief Financial Officer, Ed		•	resident:	
<del></del>	nt and General Counsel; Benjamin Hellweg, S				
Senior Vice President, Diane M. R	ittmunic, Senior Vice President; address for	all of the above: 180 Nor	th Stetson Avenue, Suite 3550, Chicago,	IL 60601	
. Attached is a certificate urisdiction under the law of the translator must be su		ertificate is in a fore	icated by the official having cuign language, a translation of t	istody of recor the certificate u	ds in the nder oath
his document is executed ubmitted in a document to	in accordance with section 605.0 the Department of State constitut	203 (1) (b), Florida	Statutes, I am aware that any f	alse informatio	n
	Diane M. Rittmanic				
	Typed or pr	rinted name of signee			



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

DELAWARE, DO HEREBY CERTIFY "HPA BORROWER 2017-1 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 TENTH DAY OF NOVEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HPA BORROWER 2017-1 ML LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF OCTOBER, A.D. 2017.

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

Authentication: 203552599

Date: 11-10-17

6591024 8300 SR# 20177033530