M1866600641

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



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AB JAN 22 M 7-19

TB JAN 22 AM ID: 42

J. LEGGETT JAN 24 2018 CORPORATION SERVICE COMPANY
1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 032968 4304512

AUTHORIZATION : Syrell Be

COST LIMIT : \$\frac{1}{2}5\frac{1}{2}5\frac{1}{2}00

ORDER DATE: January 19, 2018

ORDER TIME : 9:33 AM

ORDER NO. : 032968-015

CUSTOMER NO: 4304512

FOREIGN FILINGS

NAME: HPA BORROWER 2018-1 MS 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:		ation Section 1 of Corporation	s				
SUBJE		A Borrower 2018	-I MS LLC				
	_		Name of L	imited Liability C	Company	·	
			eign Limited Liability Compa I to register the above referen				
Please 1	return all	correspondence co	onceming this matter to the f	ollowing:			
		Diane M. Rittm	anic				
			Na	me of Person			
		Home Partners of America, Inc. Firm/Company 180 North Stetson Avenue, Suite 3650					
				Address			
		City/State and Zip Code drittmanic@homepartners.com					
	-		E-mail address: (to be used	for future annual	report noti	fication)	
For furt	her inform	nation concerning	g this matter, please call:				
	Diane N	M. Rittmanic		877 at (234-515	35	
	•	Name of	f Contact Person	Area Code	Dayı	ime Telephone Number	
	Divisior Registra P.O. Bo	NG ADDRESS: n of Corporations ation Section x 6327 ssee, FL 32314			Division of Registration But Clifton But 2661 Execution	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301	
Enclose		ck for the followi .00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	ig Fee &	□ \$160.00 Filing Fcc. Ce of Status & Certified Cop	

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 LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

HPA Borrower 2018-1	MS LLC		
(Name of Fore	ign Limited Liability Company; must	include "Limited Liability Company," "L.L.C.," or	TLC.")
If name unavailable, enter all liability Company," "L.L.C,"		of transacting business in Florida. The alternate name	e must include "Limited
Delaware		3. 38-4056410	
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)	
Upon qualification			-
	(See sections 605.0904 & 605.0	is in Florida, if prior to registration.) 0905, F.S. to determine penalty liability)	
180 North Stetson Ave	nue, Suite 3650, Chicago, IL 606	01	-
	(Street Address of P	rincinal Office)	F 70 18
190 North Stateon Aver			
. 180 North Stetson Ave.	nue, Suite 3650, Chicago, IL 6060		FILE Jul 22
	(Mailing A	Address)	- E
	and the second	o n. Nott Adda	- 三 三
7. Name and street addres	ss of Florida registered agent: (P.	O. Box NOT acceptable)	5.: -
Name:	Corporation Service Company		25 TS
Office Address:	1201 Hays Street		
	Tallahassee	Florida 32301 (Zip code)	
	(City)	(Zip code)	_
this application, I hereby with the provisions of all	gistered agent and to accept serv accept the appointment as regist	vice of process for the above stated corporation bered agent and agree to act in this capacity. I did not be a complete performance of my duties, and I and	further agree to comply in familiar with and accept Roxanne Turner
	(Registe	ered agent's signature)	 Asst. Vice Presider
8 The name title or can	acity and address of the person(s)	who has/have authority to manage is/are:	
•		fward J. Dowd, Senior Vice President, John S. Dowd, Senior Vic	re President;
Jonathan Babh, Senior Vice Preside	ent and General Counsel; Benjamin Hellweg, S	Senior Vice President; Sharon S. Park, Senior Vice President; Ayon	ub A. Rabah,
Senior Vice President; Diane M.	Rittmanic, Senior Vice President; address for	r all of the above: 180 North Stetson Avenue, Suite 3650, Chica	go, 1L 60601
9. Attached is a certificate jurisdiction under the law of the translator must be s	of which it is organized. (If the consubmitted)	ertificate is in a foreign language, a translation of an authorized person	custody of records in the of the certificate under oath
This document is execute submitted in a document t	d in accordance with section 605.0	0203 (1) (b), Florida Statutes. I am aware that an ates a third degree felony as provided for in s.81	y false information 7.155, F.S.
	Diane M. Rittmanic		

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "HPA BORROWER 2018-1 MS 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 NINETEENTH DAY OF JANUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HPA BORROWER 2018-1 MS LLC" WAS FORMED ON THE NINETEENTH DAY OF DECEMBER, A.D. 2017.

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

Authentication: 202001731

Date: 01-19-18