

M1800000 4744

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
		MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	
		_
	Office Use On	



MULAHASSEE FUSHDA



MM 15 El 4: 19

1 7



60111-20

· · ·

•

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

			ACCOUNT NO.	:	120000000	195	
			REFERENCE	:	207973	4304394	
			AUTHORIZATION	A	rel elen \$-160.00	201-1	
			COST LIMIT	ŗ	\$-160.00		
ORDER	DATE	:	May 15, 2018				
ORDER	TIME	:	2:36 PM				
	_						

ORDER NO. : 207973-045

CUSTOMER NO: 4304394

FOREIGN FILINGS

NAME: OPENDOOR PROPERTY W34 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: Emily Croft -- EXT# 62925

EXAMINER:

TO: **Registration Section Division of Corporations**

OPENDOOR PROPERTY W34 LLC

SUBJECT: _____

.

,

.

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

E	rica Navarro				
-		N	ame of Person		L. J.
Ν	layer Brown I	LP			
-		F	rm/Company	<u></u>	
7	1 S. Wacker I	Drive			
-		· · · · · · · · · · · · · · · · · · ·	Address		
(Chicago, IL 60	606			
-		City/S	tate and Zip Code		
CO	npliancemail@	@cscglobal.com			
		E-mail address: (to be use	d for future annual	report not	ification)
For further informa	tion concernin	g this matter, please call:			
Erica Nav	агго		312 at (701-84	492
	Name o	of Contact Person	Area Code	Day	time Telephone Number
Division o Registratic P.O. Box (Division of Registrati Clifton B 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301
Enclosed is a check			_		_
□ \$ 125.00	Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy		S160.00 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 16, 2018

CSC EMILY CROFT



SUBJECT: OPENDOOR PROPERTY W34 LLC Ref. Number: W18000046499

We have received your document for OPENDOOR PROPERTY W34 LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 518A00010165



ÀPPLICATION 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 TAMITED TABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. OPENDOOR PROPERTY W34 LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

		3				
(Jurisdiction under the law of w	hich foreign imuted liability company is organized)		(FEi num	nber, if applicable)		
Upon filing						
<u> </u>	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605 0905, F.S. to determ	o registration) nine penalty liabil	ity)			
405 Howard Street, St	uite 550	6 40	5 Howard Street, Suite	550		
(Street Address of		0	(Mailing Ad			
San Francisco, CA 941	105	Sa	n Francisco, CA 94105		. 😭	
			·		-	676.Li
	<u> </u>					1
				24		121.2
Name and street address	ss of Florida registered agent: (P.O. Bo.	x <u>NOT</u> acce	ptable)	い い	<u>ີ</u> ຫ	ŗ
	Corporation Service Company			(**) [**		u Alata
Name:	Corporation Service Company			1	- P 34	- <u>+</u> -
Office Address:	1201 Hays Street			.— ເນ	\sim	-
Office Address:				201 271	СФ	•
	Tallahassee		, Florida <u>32301</u>	_	· •	
egistered agent's accep			(Zip co			
aving been named as re esignated in this applica comply with the provis	ntance: egistered agent and to accept service of ation, I hereby accept the appointment ions of all statutes relative to the prope s of my position as registered agent. Corporation Service Compa By:	as registered er and compl ny	(Zip co the above stated limite agent and agree to ac	d liability compa t in this capacity duties, and I an	l furthe familiar	r agri with
aving been named as re esignated in this applicated comply with the provise	ntance: egistered agent and to accept service of ution, I hereby accept the appointment ions of all statutes relative to the prope s of my position as registered agent. Corporation Service Compa	as registered er and compl ny	(Zip co the above stated limite agent and agree to ac	d liability compa t in this capacity	l furthe familiar	r agra with
aving been named as re ssignated in this applica comply with the provis nd accept the obligation	otance: egistered agent and to accept service of ation, I hereby accept the appointment a ions of all statutes relative to the prope s of my position as registered agent. Corporation Service Compa By: (Registered agent)	as registered er and compl ny s signature)	(Zip co the above stated limite. agent and agree to ac lete performance of my	d liability compa t in this capacity duties, and I an	l furthe familiar	r agre with
aving been named as re- essignated in this applica- comply with the provis- nd accept the obligation . The name, title or cap	ntance: egistered agent and to accept service of ution, I hereby accept the appointment ions of all statutes relative to the prope s of my position as registered agent. Corporation Service Compa By: (Registered agent' acity and address of the person(s) who h	as registered or and compl ny s signature) nas/have auth	(Zip co the above stated limite. agent and agree to ac lete performance of my	d liability compa t in this capacity duties, and I an	i furthe familiar nily Cro fice Pre	r agre with
aving been named as re esignated in this applica comply with the provis nd accept the obligation . The name, title or cap <u>Title or Capacity</u> :	ntance: egistered agent and to accept service of ation, I hereby accept the appointment ions of all statutes relative to the prope s of my position as registered agent. Corporation Service Compa By: (Registered agent) acity and address of the person(s) who here <u>Name and Address</u> :	as registered r and compl ny s signature) has/have auth <u>Title</u>	(Zip co the above stated fimite agent and agree to ac ete performance of my fority to manage is/ate:	d liability compa ti in this capacity duties, and I an Er Asst. V	i furthe familiar nily Cro fice Pre	r agre with
aving been named as re- essignated in this applica- comply with the provis- nd accept the obligation . The name, title or cap <u>Title or Capacity:</u> Opendoor Property Hold	ntance: egistered agent and to accept service of ution, I hereby accept the appointment of ions of all statutes relative to the prope s of my position as registered agent. Corporation Service Compa <u>By:</u> (Registered agent) acity and address of the person(s) who here <u>Name and Address:</u> co W LLC 405 Howard Street, Suite 550	as registered r and compl ny s signature) has/have auth <u>Title</u>	(Zip co the above stated fimite agent and agree to ac ete performance of my fority to manage is/ate:	d liability compa ti in this capacity duties, and I an Er Asst. V	i furthe familiar nily Cro fice Pre	r agre with
aving been named as re signated in this applica comply with the provis nd accept the obligation . The name, title or cap <u>Title or Capacity:</u>	ntance: egistered agent and to accept service of ation, I hereby accept the appointment ions of all statutes relative to the prope s of my position as registered agent. Corporation Service Compa By: (Registered agent) acity and address of the person(s) who here <u>Name and Address</u> :	as registered r and compl ny s signature) has/have auth <u>Title</u>	(Zip co the above stated fimite agent and agree to ac ete performance of my fority to manage is/ate:	d liability compa ti in this capacity duties, and I an Er Asst. V	i furthe familiar nily Cro fice Pre	r agra with
aving been named as re- signated in this applica comply with the provis- nd accept the obligation . The name, title or cap <u>Title or Capacity:</u> Opendoor Property Hold	ntance: egistered agent and to accept service of ution, I hereby accept the appointment of ions of all statutes relative to the prope s of my position as registered agent. Corporation Service Compa <u>By:</u> (Registered agent) acity and address of the person(s) who here <u>Name and Address:</u> co W LLC 405 Howard Street, Suite 550	as registered r and compl ny s signature) has/have auth <u>Title</u>	(Zip co the above stated fimite agent and agree to ac ete performance of my fority to manage is/ate:	d liability compa ti in this capacity duties, and I an Er Asst. V	i furthe familiar nily Cro fice Pre	r agri with
aving been named as re- signated in this applica comply with the provis- nd accept the obligation . The name, title or cap <u>Title or Capacity:</u> Opendoor Property Hold	ntance: egistered agent and to accept service of ution, I hereby accept the appointment of ions of all statutes relative to the prope s of my position as registered agent. Corporation Service Compa <u>By:</u> (Registered agent) acity and address of the person(s) who here <u>Name and Address:</u> co W LLC 405 Howard Street, Suite 550	as registered r and compl ny s signature) has/have auth <u>Title</u>	(Zip co the above stated fimite agent and agree to ac ete performance of my fority to manage is/ate:	d liability compa ti in this capacity duties, and I an Er Asst. V	i furthe familiar nily Cro fice Pre	r agri with
aving been named as re- signated in this applica comply with the provis- nd accept the obligation . The name, title or cap <u>Title or Capacity:</u> Opendoor Property Hold	ntance: egistered agent and to accept service of ution, I hereby accept the appointment of ions of all statutes relative to the prope s of my position as registered agent. Corporation Service Compa <u>By:</u> (Registered agent) acity and address of the person(s) who here <u>Name and Address:</u> co W LLC 405 Howard Street, Suite 550	as registered r and compl ny s signature) has/have auth <u>Title</u>	(Zip co the above stated fimite agent and agree to ac ete performance of my fority to manage is/ate:	d liability compa ti in this capacity duties, and I an Er Asst. V	i furthe familiar nily Cro fice Pre	r agr. with
aving been named as re- signated in this applica comply with the provis- ad accept the obligation . The name, title or cap <u>Title or Capacity:</u> Opendoor Property Hold	ntance: egistered agent and to accept service of ution, I hereby accept the appointment of ions of all statutes relative to the prope s of my position as registered agent. Corporation Service Compa <u>By:</u> (Registered agent) acity and address of the person(s) who here <u>Name and Address:</u> co W LLC 405 Howard Street, Suite 550	as registered r and compl ny s signature) has/have auth <u>Title</u>	(Zip co the above stated fimite agent and agree to ac ete performance of my fority to manage is/ate:	d liability compa ti in this capacity duties, and I an Er Asst. V	i furthe familiar nily Cro fice Pre	r agr with

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)

10. 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.

Signature of an authorized person

--See attached signature page--

Typed or printed name 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: May 11, 2018

OPENDOOR PROPERTY HOLDCO W LLC,

By: OD Mezzanine Borrower W LLC, its sole Member

By: Opendoor Labs Inc., its sole Member

By:

Name: Jason Child Title: Chief Financial Officer



Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OPENDOOR PROPERTY W34 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 SEVENTH DAY OF MAY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OPENDOOR PROPERTY W34 LLC" WAS FORMED ON THE TENTH DAY OF APRIL, A.D. 2018.

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



Jeffrey VI, Bullech, Secretary of Slate

Authentication: 202643392 Date: 05-07-18

Page 1

6838341 8300 SR# 20183400042

You may verify this certificate online at corp.delaware.gov/authver.shtml