M18000004746

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(Address)					
(Address)					
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SICHLARASSEE FLORIDA

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B FIGUEROA MAY 1 7 2018 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

CONTACT PERSON: Emily Croft -- EXT# 62925

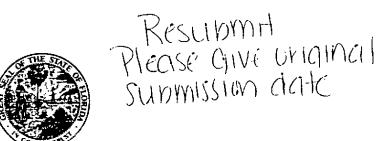
EXAMINER:

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

___ CERTIFICATE OF GOOD STANDING

XX CERTIFIED COPY

___ PLAIN STAMPED COPY



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 16, 2018

CSC EMILY

SUBJECT: OPENDOOR PROPERTY W27 LLC

Ref. Number: W18000046789

We have received your document for OPENDOOR PROPERTY W27 LLC and the authorization to debit your account in the amount of \$. However, the document has not been filed and is being returned for the following:

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

Please return the corrected original and one copy of 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.

Brittany M Figueroa Regulatory Specialist II Registration/Qualification Section

Letter Number: 018A00010235

172 15 Li 16 51

COVER LETTER

TO:

Registration Section

Division of Corpora	tions		
OPENDOOR PI	ROPERTY W27 LLC		300 <u> </u>
·		Limited Liability Company	
			unsact Business in Florida," Certificate of y company to transact business in Florida.
Please return all corresponden	ce concerning this matter to the	following:	
Erica Nava	то		
	N	ame of Person	
Mayer Brov	vn LLP		
	F	irm/Company	
71 S. Wack	er Drive		
		Address	
Chicago, II	. 60606		
	City/S	tate and Zip Code	
compliancem	ail@cscglobal.com		
	E-mail address: (to be use	d for future annual report no	tification)
For further information concer	ming this matter, please call:		
Erica Navarro		312 701-8	
Nan	ne of Contact Person	Area Code Day	rtime Telephone Number
MAILING ADDRE Division of Corporat Registration Section P.O. Box 6327 Tallahassee, FL 3231	ions	Division Registrat Clifton B 2661 Exc	of Corporations ion Section suilding secutive Center Circle see, FL 32301
Enclosed is a check for the fol \$125.00 Filing Fed	=	☐ \$155.00 Filing Fee & Certified Copy	■ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

I. OPENDOOR PROPER	TY W27 LLC Limited Liability Company; must include "Limite	d Liabilit	Company," "L.L.C.," or "LLC.")					
					_			
	ame adopted for the purpose of transacting business in Flor	rida The a	terrate name must include "Limited Liabil	hty Company," "L.L.C," or "LLC.	- }			
2. Delaware		3.						
(Jurisdiction under the law of which foreign limited hability company is organized)		(FEI number, if applicable)						
4. <u>1</u>	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determine	registration	lahibry)					
405 Howard Street Su		,~,	405 Howard Street, Suite 55	50				
5. 405 Howard Street, Suite 550 6. (Street Address of Principal Office)		(Mailing Addre						
San Francisco, CA 94105			San Francisco, CA 94105	·				
				71 -				
								
				5s 1				
7. Name and street addres	s of Florida registered agent: (P.O. Box	acceptable)	တို့ရှိ ဟ	ţ				
Name:	Corporation Service Company			지역 클	ŢĪ;			
rame.				'	,			
Office Address:	1201 Hays Street			9: 5 5: 4:				
	Tallahassee		, Florida 32301	52				
	(City)		Zip code	<u> </u>				
designated in this applicate comply with the provisi and accept the obligations 8. The name, title or capa Title or Capacity:	gistered agent and to accept service of partion, I hereby accept the appointment at ions of all statutes relative to the proper of my position as registered agent. Corporation Service Companies: (Registered agent's active and address of the person(s) who have and Address: to W LLC 405 Howard Street, Suite 550 San Francisco, CA 94105	is regist r and co in r signature) as/have	ered agent and agree to act is mplete performance of my d	n this capacity. I furth	er agree r with Oft			
(Use attachments if neces	sary)							
jurisdiction under the law of the translator must be stated. This document is exec	uted in accordance with section 605.020	te is in : 3 (1) (b	i foreign language, a translation.), Florida Statutes. I am aware	on of the certificate und that any false informati	er oath			
submitted in a document to	o the Department of State constitutes a th	nirđ deg	ree felony as provided for in s	.817.155, F.S.				
Signature of an authorized person								
	See attached signature page		new of ciones					

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

Names Japan Child

Name: Jason Child

Title: Chief Financial Officer

2010 MAY 15 AM 9: 5



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

DELAWARE, DO HEREBY CERTIFY "OPENDOOR PROPERTY W27 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 W27 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.

6838320 8300

SR# 20183400019

Authentication: 202643382

Date: 05-07-18