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(Re	questor's Name)
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(City	y/State/Zip/Phone #)
(Bu:	siness Entity Name)
(Doc	cument Number)
Certified Copies	Certificates of Status
Special Instructions to F	Filing Officer:
	Office Use Only



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K. SALY AUG - 8 2018 • • •

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

	ACCOUNT NO.	:	12000000195
	REFERENCE	:	
	AUTHORIZATION	;	Spullaceman
	COST LIMIT	:	\$ 160.00
ORDER DATE :	August 7, 2018		
ORDER TIME :	1:29 PM		

ORDER NO. : 335873-090

CUSTOMER NO: 4304394

FOREIGN FILINGS

NAME: OPENDOOR PROPERTY HOLDCO C 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: Roxanne Turner -- EXT# 62969

EXAMINER:

COVER LETTER

TO: **Registration Section Division of Corporations**

OPENDOOR PROPERTY HOLDCO C 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:

Erica Nav	агго		
	N	ame of Person	
Mayer Bro	own LLP		
	F	irm/Company	
71 S. Wac	ker Drive		
		Address	1997
Chicago,	L 60606		
	City/S	tate and Zip Code	
compliance	mail@cscglobal.com		
	E-mail address: (to be use	d for future annual repoi	1 notification)
For further information conc	erning this matter, please call:		
Erica Navarro		312 7 at ()	01-8492
	ame of Contact Person	Area Code	Daytime Telephone Number
MAILING ADDR Division of Corpor Registration Sectio P.O. Box 6327 Tallahassee, FL 32	ations n	Divi Regi Clift 266	EET ADDRESS: sion of Corporations istration Section on Building I Executive Center Circle ahassee, FL 32301
Enclosed is a check for the f			
🗖 \$125.00 Filing F	ee S130.00 Filing Fee & Certificate of Status	 Section 155.00 Filing Fee Certified Copy 	e & ■ \$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 FOREIGN-LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

L. OPENDOOR PROPERTY HOLDCO C LLC

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

	name adopted for the purpose of transacting business in Florid		(Liability Company, "L.L.C., or "LLC.)
2. Delaware		3	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(FEI	number, if applicable)
.1 Upon filing			
4. <u>Opon ming</u>	(Date first transacted business in Florida, if prior to rej	distration.)	
	(See sections 605,0904 & 605,0905, F.S. to determine	penalty liability)	
5 405 Howard Street, Su	aite 550	6. 405 Howard Street, Sui	ite 550 م د 🗠 🐱
(Street Address of]	Principal Office ((Addiess)
San Francisco, CA 941	105	San Francisco, CA 941	05
			m
7. Name and street address	ss of Florida registered agent: (P.O. Box	<u>NOT</u> acceptable)	SEE FLOR
	Currentian Sami to Currentian		
Name:	Corporation Service Company		NAL O
- A 7 1 I	1201 Hays Street		00
Office Address:			-
	Tallahassee	, Florida <u>32301</u>	
	(City)	; 1 tortda	p code)
Registered agent's accept	stance:		
Having been named as re	egistered agent and to accept service of pr	rocess for the above stated lim	ited liability company at the place
designated in this applica	ation, I hereby accept the appointment as	registered agent and agree to	act in this capacity. I further agree
	ions of all statutes relative to the proper a		
to comply with the provis	ions of all statutes relative to the proper a is of my position as registered agent.		
to comply with the provis	is of my position as registered agent. Copporation Parvice Company		my duties, and I am familiar with Roxanne Turner
to comply with the provis	is of my position as registered agent. Corporation Service Company By:	and complete performance of Dunu	my duties, and I am familiar with
to comply with the provis	is of my position as registered agent. Copporation Parvice Company	and complete performance of Dunu	my duties, and I am familiar with Roxanne Turner
to comply with the provis and accept the obligation	By: (Registered agent's sig	and complete performance of Dunu gasture)	my duties, and I am familiar with Roxanne Turner Asst. Vice President
to comply with the provis and accept the obligation 8. The name, title or cap	By: (Registered agent) (Registered agent's signation (Registered agent) (Registered agent's signation (Registered agent) (Registered	and complete performance of Decision gnature) /have authority to manage is/au	my duties, and I am familiar with Roxanne Turner Asst. Vice President
to comply with the provis and accept the obligation 8. The name, title or cap <u>Title or Capacity:</u>	By: (Registered agent's signature address of the person(s) who has <u>Name and Address</u> :	and complete performance of Dunu gasture)	my duties, and I am familiar with Roxanne Turner Asst. Vice President
to comply with the provis and accept the obligation 8. The name, title or cap	s of my position as registered agent. Corporation Service Company By: (Registered agent's sin acity and address of the person(s) who has <u>Name and Address:</u> 405 Howard Street, Suite 550	and complete performance of Decision gnature) /have authority to manage is/au	my duties, and I am familiar with Roxanne Turner Asst. Vice President
to comply with the provis and accept the obligation 8. The name, title or cap <u>Title or Capacity:</u>	By: (Registered agent's signature address of the person(s) who has <u>Name and Address</u> :	and complete performance of Decision gnature) /have authority to manage is/au	my duties, and I am familiar with Roxanne Turner Asst. Vice President
to comply with the provis and accept the obligation 8. The name, title or cap <u>Title or Capacity:</u>	s of my position as registered agent. Corporation Service Company By: (Registered agent's sin acity and address of the person(s) who has <u>Name and Address:</u> 405 Howard Street, Suite 550	and complete performance of Decision gnature) /have authority to manage is/au	my duties, and I am familiar with Roxanne Turner Asst. Vice President
to comply with the provis and accept the obligation 8. The name, title or cap <u>Title or Capacity:</u>	s of my position as registered agent. Corporation Service Company By: (Registered agent's sin acity and address of the person(s) who has <u>Name and Address:</u> 405 Howard Street, Suite 550	and complete performance of Decision gnature) /have authority to manage is/au	my duties, and I am familiar with Roxanne Turner Asst. Vice President
to comply with the provis and accept the obligation 8. The name, title or cap <u>Title or Capacity:</u>	s of my position as registered agent. Corporation Service Company By: (Registered agent's sin acity and address of the person(s) who has <u>Name and Address:</u> 405 Howard Street, Suite 550	and complete performance of Decision gnature) /have authority to manage is/au	my duties, and I am familiar with Roxanne Turner Asst. Vice President
to comply with the provis and accept the obligation 8. The name, title or cap <u>Title or Capacity:</u>	s of my position as registered agent. Corporation Service Company By: (Registered agent's sin acity and address of the person(s) who has <u>Name and Address:</u> 405 Howard Street, Suite 550	and complete performance of Decision gnature) /have authority to manage is/au	my duties, and I am familiar with Roxanne Turner Asst. Vice President

(Use attachments if necessary)

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

то

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: _____, 2018

OPENDOOR PROPERTY HOLDCO C LLC.

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 HOLDCO C 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 AUGUST, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OPENDOOR PROPERTY HOLDCO C LLC" WAS FORMED ON THE EIGHTEENTH DAY OF JULY, A.D. 2018.

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



6979736 8300

SR# 20186050150

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

Jeffrey W. But ech. Lecretary of State

Authentication: 203203508

Date: 08-07-18