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| (Requestor's Name) | |
|---|--|
| (Address) | |
| (Address) | |
| (City/State/Zip/Phone #) | |
| | |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Status | |
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 12000000088

| Date: | 07/03/2019 | |
|------------|---|------------------------|
| Name: | Merritt Walker | |
| Reference | e #: 1103792 | |
| Entity Nar | me: OPENDOOR H | IOME LOANS LLC |
| Am | icles of Incorporation/Authorization nendment ange of Agent | o Transact Business |
| | instatement | |
| _ | nversion rger | |
| _ | solution/Withdrawal | |
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| Authorized | d Amount: | |

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Signature: ______ MAN/

COVER LETTER

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TO: **Registration Section Division of Corporations**

Opendoor Home Loans LLC

SUBJECT:

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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:

Brendi E. Kaplan, Esq. / Jennifer Nolan, Paralegal

Name of Person

Nelson Mullins Riley & Scarborough LLP

Firm/Company

150 4th Avenue North, Suite 1100

Address

Nashville, TN 37219

City/State and Zip Code

jennifer.nolan@nelsonmullins.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

| Jennifer Nolan | ai | 615 L | 664-5306 | |
|---------------------------------------|---|-------------|-------------------------|--|
| Name of (| Contact Person | Area Code | Daytime T | elephone Number |
| MAILING ADDRESS: | | | STREET ADD | |
| Division of Corporations | | | Division of Cor | porations |
| Registration Section | | | Registration Sec | tion |
| P.O. Box 6327 | | | Clifton Building | 8 |
| Tallahassee, FL 32314 | | | 2661 Executive | Center Circle |
| · · · · · · · · · · · · · · · · · · · | | | Tallahassee, FL | 32301 |
| Enclosed is a check for the | | | | |
| Please make check payable | to: FLORIDA DEPARTMI | ENT OF STAT | ТЕ | |
| \$125.00 Filing Fee | S130.00 Filing Fee & Certificate of Status | | Filing Fee & ed Copy | \$160.00 Filing Fee, Certificate of Status & Certified Copy |

| of Status | Ŀ | Certified | Сору |
|-----------|---|-----------|------|

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

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IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN-LIMITED HABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Opendoor Home Loans LLC

· ·

| f name unavailable, enter alternate m | ame adopted for the purpose of transacting business in Fle | orida. The atte | mate name must include "Limited Liability Com | pany," "L L C," | or "LLC.") |
|---------------------------------------|--|-----------------|---|----------------------|----------------|
| Delaware / United States | | | | | <u> </u> |
| | (Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ | registration.) | bility) | | |
| 7300 Lone Star Drive | | 6. | 7300 Lone Star Drive | ï, | 5-2 |
| (Street Address of I | ruscipal Office) | <u> </u> | (Mailing Address) | | 25 |
| Suite C200 | | 5 | Suite C200 | es - 13 | |
| Plano, TX 75024 | | - | Чапо, TX 75024 | کې . د د د م م | نے <u></u> |
| . Name and <u>street addres</u> | ss of Florida registered agent: (P.O. Box | k <u>NOT</u> ac | ceptable) | ¥- 1 ◆ | یں۔ بی 2 |
| Nanic: | Cogency Global Inc. | | | | |
| Office Address: | 115 North Calhoun Street, Suite 4 | | | | |
| | Tallahassee | | 32301 , Florida | | |
| | (Ску) | | (Zip code) | | |

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

<u>Merutt Walker, AS. H. Decretory</u> (Registered agena's signature)

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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| Title or Capacity: | Name and Address: | Title or Capacity: | Name and Address: | |
|--------------------|--------------------------|--------------------|---------------------------------------|------|
| Manager | Name: Opendoor Labs Inc. | 🔲 Manager | Name: | |
| Member | Address: | Member | Address: 405 Howard Street | |
| Authorized | Suite 550 | 🔳 Authorized | Suite 550 | |
| Person | San Francisco, CA 94105 | Person | San Francisco, CA 94105 | |
| Other | Other | Other | Other | |
| Manager | Name: | Manager | Name: | |
| Member | Address: | Mcmber | Address: | |
| Authorized | | Authorized | <u> </u> | |
| Person | | Person | | TI |
| Other | Other | Other | He is a l | |
| | | | · · · · · · · · · · · · · · · · · · · | |
| Manager | Name: | 🗌 Manager | Name: (2) | |
| Member | Address: | Member | Address: | |
| Authorized | | Authorized | | |
| Person | | Person | | |
| Other | Other | Other | Other | |

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Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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. 1 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.

| Lil | |
|-----------------------------------|--|
| Signature of an authorized person | |

Eric Wu, CEO

Typed or printed name of signce



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OPENDOOR HOME LOANS 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 THIRD DAY OF JULY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OPENDOOR HOME LOANS LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF SEPTEMBER, A.D. 2016.

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



Authentication: 203155499 Date: 07-03-19

6165074 8300 SR# 20195812894

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