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(((H19000318196 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : 120160000017 Phone : (855) 498-5500

Fax Number : (800)432-3622

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

### Foreign Limited Liability Company VERTICALRENT HOLDINGS LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

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### COVER LETTER

UBJECT:	VerticalRent Holdings LLC				
OBJECT.	Name of Limited Liability Company				
		d Liability Company for Authorization to Transact Business in Florida,* Certificate the above referenced foreign limited liability company to transact business in Flori			
lease return	all correspondence concerning t	his matter to the following:			
	Ryan Valenza				
		Name of Person			
	Winstead PC				
	-	Firm/Cопрапу			
	401 Congress Avenue, Sui	re 2100			
	<del></del>	Address			
	Austin, TX 78701				
	***	City/State and Zip Code			
	brooks.price@parkhillholdin	gs.com			
	E-mail ad	dress: (to be used for future annual report notification)			
or further in	nformation concerning this matte	r, please call:			
Ry	an Valenza	512 370-2879			
	Name of Contact P	erson Area Code Daytime Telephone Number			
MAILING ADDRESS: Division of Corporations Registration Section		STREET ADDRESS: Division of Corporations Registration Section			
	). Box 6327 lahassee, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
		a amount:			
	closed is a check for the following	RIDA DEPARTMENT OF STATE			

(04/06) 10/28/2019 11:26:19 AM H19000318196 3

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavailable, enter alternate m	arms adopted for the purpose of transacting business in Flo	nida. The a	terriste name must include "Limited Liability	Company," "L.L.C," or "1.1	_ c. <sub>'</sub> ງ
Texas		3.	84-3017017		
(Azisdiction under the law of w	nch foreign limited liability company is organized)	J.	(FEI number, if	applicable)	-
	(Date first transacted business in Horida, if prior to		<u> </u>	_	
	(See sections 603,0904 & 605,0905, F.S. to determi	ne penalty	mbility)		
200 Crescent Court, Su		6.	200 Crescent Court, Suite 1900	0 	_
(Street Address of F	rincipal Office)		(Mailing Address)		
Dallas, TX 75201			Dallas, TX 75201		_
					-
Name and street addres	s of Florida registered agent: (P.O. Box	NOT a	cceptable)		
				28	, ~
Name:	Matthew Angerer			7	
Office Address:	3444 Marinatown Lane, Suite 19		<del></del>		C
Office Address.	North Fort Myers		 33903 , Florida		
	(Cuy)		(Zip code)	<del></del> .	
signated in this application comply with the provisi	gistered agent and to accept service of ption, I hereby accept the appointment a ons of all statutes relative to the proper s of my position as registered agent.	s regist	red agent and agree to act in t	his capacity. I furt	her a
	Matthew augener				
	(Registered agent's	<del></del>		<del>_</del>	

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: Name: Benjamin Brooks Price II Benjamin Brooks Price Name: Manager ■ Manager Address: 200 Crescent Court 200 Crescent Court Member Address: Member Suite 1900 Suite 1900 Authorized Authorized Dallas, TX 75201 Dallas, TX 75201 Person Person Other Other\_ Other\_\_\_\_ Other\_ Name: Matthew Angerer Name: Manager ■ Manager 3444 Marinatown Lanc Member Member Address: Address: Suite 19 Authorized ☐ Authorized North Fort Myers, FL 33903 Person Person Other\_President Other\_\_\_\_ Other\_ Other Name: Manager | Manager ☐ Member Member Address: \_\_\_\_\_\_\_\_\_ ☐ Authorized ■ Authorized Person Person Oilier Other\_\_\_\_ Other\_ Other\_ 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. 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 Benjamin Brooks Price II

Typed or printed name of signee

Kim Tadlock 8094323622

(06/06) 10/28/2019 11:27:**1018000318196 3** 

Ruth R. Hughs Secretary of State

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



## Office of the Secretary of State

#### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for VerticalRent Holdings LLC (file number 803417245), a Domestic Limited Liability Company (LLC), was filed in this office on September 10, 2019.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on October 22, 2019.



Ruth R. Hughs Secretary of State

H19000318196 3

Phone: (512) 463-5555 Prepared by: SOS-WEB x: (512) 463-5709 Dial: 7-1-1 for Relay Services TID: 10264 Document: 922122890003