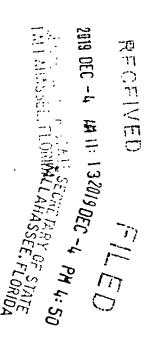
# 1999 52

(Requestor's Na	ame)			
(Address)				
(Address)				
(City/State/Zip/F	Phone #)			
PICK-UP WAI	T MAIL			
(Business Entity	y Name)			
(Document Nun	nber)			
Certified Copies Certifi	cates of Status			
Special Instructions to Filing Office	r:			
	ļ			

Office Use Only



800337609608



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 074085

AUTHORIZATION

COST LIMIT : \$\\\125.00

ORDER DATE: December 3, 2019

ORDER TIME: 9:27 AM

ORDER NO. : 074085-015

CUSTOMER NO: 4304512

-----

### FOREIGN FILINGS

NAME: HPA II BORROWER 2019-1 GA LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

EXAMINER:

## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT:	HPA II Borrower 20	)19-1 GA LLC				
SOMECT.		Name of I	imited Liability (	Company		
The enclosed Existence, ar	l "Application by For nd check are submitte	eign Limited Liability Comp d to register the above refere	any for Authoriza nced foreign limit	tion to Tra ed liability	nsact Business in Florida," C company to transact busines	ertificate of s in Florida
Please return	all correspondence c	oncerning this matter to the f	following:			•
					2019 D	-11
		Na	me of Person		至 5	
	HPA II Borrow	er 2019-1 GA LLC			ASSET ASSET	
		Fir	m/Company		FIG	
	120 S. Riversid	e Plaza, Suite 2000			ORIC	ED : 50
			Address		P	
	Chicago, IL 600	506				
		City/Sta	ate and Zip Code			
		E-mail address: (to be used	for future annual	report noti	fication)	
For further in	nformation concerning	g this matter, please call:				
Jon	athan C. Babb		877 at (	234-515		
	Name o	f Contact Person	Area Code	Dayt	ime Telephone Number	
Div Reg P.O	ILING ADDRESS: ision of Corporations istration Section Box 6327 ahassee, FL 32314			Division of Registration Clifton Bu 2661 Exec	ADDRESS: of Corporations on Section pilding cutive Center Circle ee, FL 32301	
	check for the follows 125.00 Filing Fee	ing amount:  \$130.00 Filing Fee &  Certificate of Status	☐ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Certi of Status & Certified Copy	ficate

# 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 HABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

, HPA II Borrower 2019	7-1 GA LLC			
1.	eign Limited Liability Company; ու	ist include "Limited Lia	bility Company," "L.L.C.	" or "LLC.")
(If name unavailable, enter a Liability Company," "L.L.C.	Iternate name adopted for the purpor	se of transacting busines	ss in Florida. The alternate	name must include "Limited
2. Delaware		3. applied for		
	of which foreign limited liability	J	(FEI number, if applic	able)
4. Upon qualification				TALE OF
	(Date first transacted busin (See sections 605.0904 & 605	ess in Florida, if prior to	registration.)	13日二
5. 120 S. Riverside Plaza	a, Suite 2000, Chicago, IL 60606			TAPPARASE TO THE TAPPAR
				French P
	(Street Address of	Principal Office)		Fo F
6. 120 S. Riverside Plaza	, Suite 2000, Chicago, IL 60606			PH 4: 50 REFERENCE STATE
	(Mailing	Address)		<del>V</del>
7 - \$1		·		
7. Name and street addres	ss of Florida registered agent: (P	<del></del> ,	able)	
Name:	Corporation Service Company	,	_	
Office Address:	1201 Hays Street		_	
	Tallahassee		, Florida 32301 (Zip code	
Registered agent's accep	(City)		(Zip code	)
Having been named as re this application, I hereby	gistered agent and to accept ser accept the appointment as regis statutes relative to the proper an ition as registered agent. Corporation Secrice Compa By:	stered agent and agre	e to act in this capacity ince of my duties, and Roxat	. I further agree to comply
8. The name, title or capa	acity and address of the person(s)	) who has/have author	rity to manage is/are:	
See attached.				
-	<u> </u>			<del>-</del>
9. Attached is a certificate jurisdiction under the law of the translator must be so	of existence, no more than 90 de of which it is organized. (If the cubmitted)	ays old, duly authentic certificate is in a foreig	cated by the official hav	ing custody of records in the on of the certificate under oath
	Signature	of an authorized person	1	
This document is executed submitted in a document to	I in accordance with section 605.0 the Department of State constitu	0203 (1) (b), Florida ( utes a third degree felo	Statutes. I am aware that ony as provided for in s.	t any false information 817.155, F.S.

Jonathan C. Babb, Senior Vice President, General Counsel and Secretary

Typed or printed name of signee

# Authorized Officers of HPA II Borrower 2019-1 GA LLC:

Name:	Title:	Address:
William J. Young	President	120 S. Riverside Plaza, Suite 2000
		Chicago, IL 60606
Benjamin Hellweg	Senior Vice President, Chief	120 S. Riverside Plaza, Suite 2000
	Investment Officer	Chicago, IL 60606
Jonathan C. Babb	Senior Vice President, General	120 S. Riverside Plaza, Suite 2000
3	Counsel, Secretary	Chicago, IL 60606
Joe Florczak	Senior Vice President, Operations	120 S. Riverside Plaza, Suite 2000
<u> </u>		Chicago, IL 60606
Patrick M. Esper	Senior Vice President, Controller	120 S. Riverside Plaza: Suite 2000
		Chicago, IL 60606 - 0 - 1
Elizabeth Kirscher	Senior Vice President, Human	120 S. Riverside Plaza, Suite 2000
	Capital	Chicago, IL 60606 PR
Xiaofei (Figgo) Li	Senior Vice President, Software	120 S. Riverside Plaza Suite 2000
	Development	Chicago, IL 60606 00 0
Brian Liecthy	Senior Vice President, New	120 S. Riverside Plaza, Suite 2000
	Business Development	Chicago, IL 60606
Nicole Montecalvo	Vice President, Capital Markets	120 S. Riverside Plaza, Suite 2000
	and Treasury	Chicago, IL 60606
Sandra Bauer	Assistant Secretary	120 S. Riverside Plaza, Suite 2000
		Chicago, IL 60606
Pedro Hernandez	Assistant Secretary	120 S. Riverside Plaza, Suite 2000
		Chicago, IL 60606

# Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "HPA II BORROWER 2019-1 GA 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 DECEMBER, A.D. 2019.

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

AND SOLVE

Authentication: 204126950

Date: 12-03-19

7695031 8300 SR# 20198409827