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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certificates of Status
Special Instructions to Filing Officer:
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	12/17/2019		
	Merritt Walker	_	
	#:1163731	<u> </u>	
Entity Name	e: HOME LOVE 2 PF	OPERTY HOLDING LLC	
✓ Articl	les of Incorporation/Authorization	to Transact Business	
☐ Ame	ndment		
☐ Char	nge of Agent		
☐ Rein	statement		
☐ Conv	version	20	
☐ Merg	ger	2019 C. S.	
☐ Disso	olution/Withdrawal		٠.
Fictit	ious Name		
Othe	r	<u></u>	
		Q.	
Authorized A	Amount: \$125		
Signature:	lw		

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:	Home Love 2 Property Holding LLC				
30 13 1201	Name of Limit	ted Liability (Company	,	
The enclosed "A Existence, and c	pplication by Foreign Limited Liability Company heck are submitted to register the above referenced	for Authoriza I foreign limit	tion to Transact Business in Florida,' ed liability company to transact busin	'Certificate of ness in Florida.	
Please return all	correspondence concerning this matter to the follo	wing:			
	Erica Navarro				
	Name of Person				
	Fox Swibel Levin & Carroll LLP				
	Firm/Company				
	200 W. Madison St., Ste 3000 Address				
	Chicago, IL 60606 City/State and Zip Code				
	enavarro@foxswibel.com			2019	
	E-mail address: (to be used for	future annual	report notification)	· · ·	
For further info	mation concerning this matter, please call:			- :	
Erica 1	Navarro at	312	224-1243	94:01:46	
	Name of Contact Person	Area Code	Daytime Telephone Number	<u>;</u> -	
Divisio Registi P.O. B	ING ADDRESS: on of Corporations ration Section ox 6327 assec, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	€.	
Please	ed is a check for the following amount: make check payable to: FLORIDA DEPARTME 25.00 Filing Fee \$\text{Status}\$ Certificate of Status	S 155.00	TE Filing Fee & \$160.00 Filing fed Copy of Status & Cen		

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

IN COMPLIANCE WITH SECTION 805.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS. IN THE STATE OF FLORIDA:

name uravailable, enter alternate ra	une adopted for the purpose of transacting business in Hor	ida. The alter	rate name most include "Limited Liability Comp	many," "L.L.C," or "LL.C	
Delaware			4-3189532	•	
			(Fill number, it apph		
(Junisdiction under the law of wh	ich fareign himted hability company is organized)		(FBI number, и аррһ	catile)	
	(Date first transacted business in Florida, if prior to r (See sections 605-0904 & 605.0905, U.S. to determine	registration.) ne penalty lial	dity)		
353 Sacramento Street	Floor 8	3	53 Sacramento Street, Floor 8		
(Street Address of Principal Office)		fi. (Mailing Address)			
San Francisco, CA 941	11	S	an Francisco, CA 94111		
				20191	
Name and street addres	s of Florida registered agent: (P.O. Box	<u>NOT</u> ace	reptable)		
Name:	COGENCY GLOBAL INC.			[14]0: 46	
Office Address:	115 North Calhoun St. Suite 4			5	
	Tallahassee		32301 , Florida		
	(Cay)		(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.

(Registered agent's signature)

Manager	Name and Address:	Title or Capacit	<u>y:</u>	Name and Address:
	Name: Home Love 2, LP	Manager	Name:	
Member	Address:	Member	Address: _	
Authorized	San Francisco, CA 94111	Authorized		
Person		Person		
Other	Other	Other	 	Other
Manager	Name:	Manager	Name:	
Member	Address:	Member	Address:	
Authorized		Authorized		
Person		Person		
Other	Other	Other		Other
Manager	Name:	☐ Manager	Name:	28191
Member	Address:	Member	Address:	
Authorized		Authorized		
Person		Person		
Other	Other	Other		Other

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "HOME LOVE 2 PROPERTY HOLDING, 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 THIRTEENTH DAY OF DECEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HOME LOVE 2 PROPERTY HOLDING, LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF SEPTEMBER, A.D. 2019.

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

2019 CT (1 7 FT 101 4 b



Authentication: 204214070

Date: 12-13-19

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