1/14/2020

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To:		IAN IL NHASSE
10.	Division of Corporations	ص <u>ب</u>
	Fax Number ; (850)617-6383	PM 4: 47 0: STATE E.FLORID/
	·	- 5° €
From:		1: 47 ORIDA
	Account Name : C T CORPORATION SYSTEM	₩ 1
	Account Number : FCA000000023	,
	Phone : (614)280-3338	
	Fax Number : (954)208-0845	
**Enter	the email address for this business entity to be nual report mailings. Enter only one email addres	used for future

Foreign Limited Liability Company **OYO Vacation Homes LLC**

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

OYO VACATION HO	SINESS IN THE STATE OF FLORIDA:			
	Limited Liability Company; must include "Limit	ed Liability Company, "L.L.C.," or	"LLC.")	
i anno unavsiloble, enter alternate i	ant adopted for the purpose of transacting business in Fig.	orida. Fine alternate manus must include "L	insted Liability Cor	npany," "L. L.C," or "LLC.")
Delaware		3. <u>84-3691143</u>		
(Intrisduction under the law of w	bich foreign lemied liability corepany is organized)		(FEI number, if app	olicable)
Upon Qualification				
	(Date first transacted business in Florida, if prior to (See sentions 605,0904 & 605,0905, F.S. to determ	registration)		
735 EMERSON AVE	(acc section distance & 605,0905, r.5. to onem			
(Siren Address of)	rincipal Office)	6. Same	iling Address	~~~
PALO ALTO, CA 943	01		ξ: :	2020
		4.1.77L-1.1077-1.111	A A	JA .
			AS	
. Name and street address	s of Florida registered agent: (P.O. Box	NOT accontable)	3SS YXX	F
		(Ito I acceptable)	in o	- Fi
Name:	C T Corporation System			3 <u></u>
Office Address:	1200 South Pine Island Road		ORIO,	
3 1110 1 1001				47
	Plantation	, Florida <u>333</u>	24	
egistered agent's accep	(City)		(Zip code)	
та ассері те опіцацон.	s of my position as registered agent. By: C T Corporation System by Chris	Gustand Accident Secretary	M. 6-	and the second of the second o
	(Registered agrant's		, ,	•
The many sixty and a second	andre and the second			
Title or Capacity:	icity and address of the person(s) who hat Name and Address:	as/have authority to manage is <u>Title or Capacity:</u>		ne and Address:
Member	OYO Vacation Homes U	K Limited		
	3 Shepherd St., Mayfair			
	Landon, United Kingdom W1	17HL		
_Manager	Rakesh Kumar Prusti			
	735 Emerson Ave			
		-		
	Pelo Alto, CA 9430)	-		
Use attachments if neces		-		
	sary)	dub authoriformal by the co		and the second of the
Attached is a certificate trisdiction under the law	sary) of existence, no more than 90 days old, of which it is organized. (If the certificat	duly authenticated by the offi te is in a foreign language, a t	icíal having c ranslation of	ustody of records in the
arisdiction under the law of the translator must be so	sary) of existence, no more than 90 days old, of which it is organized. (If the certificat abmitted)	te is in a forcign language, a t	ranslation of	the certificate under oa
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Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "OYO VACATION HOMES 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 JANUARY, A.D. 2020.

OF THE THIRTEENTH DAY OF JANUARY, A.D. 2020.

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

JANES PM 4: 4

7566305 8300 SR# 20200245341



Authentication: 202177306

Date: 01-13-20