

3/24/2020

Division of Corporations

M2000003238

Florida Department of State

Division of Corporations

Electronic Filing System

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : 120000000195
Phone : (850)521-0821
Fax Number : (850)558-1515

****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

HPA BORROWER 2020-2 ML LLC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

H20000091576 3

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HPA BORROWER 2020-2 ML LLC

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.

Name of Person

HPA BORROWER 2020-2 ML LLC

Firm/Company

120 S. Riverside Plaza, Suite 2000

Address

Chicago, IL 60606

City/State and Zip Code

legal@homepartners.com

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

For further information concerning this matter, please call.

Name of Contact Person

at (_____) _____

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount.

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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H20000091576 3

H20000091576 3**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 LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. HPA BORROWER 2020-2 ML LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 84-5190468

(Tax number, if applicable)

4. Upon qualification(Date first transacted business in Florida, if prior to registration;
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability))5. 120 S. Riverside Plaza

(Street Address of Principal Office)

Suite 2000Chicago, IL 606066. 120 S. Riverside Plaza

(Mailing Address)

Suite 2000Chicago, IL 606067. Name and street address of Florida registered agent. (P.O. Box NOT acceptable)Name, Corporation Service CompanyOffice Address 1201 Hays StreetTallahassee

(City)

, Florida

32301

(Zip code)

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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.

Kadesha N. Roberson
KADESHA ROBERSON, ASST VICE
PRESIDENT

(Registered agent's signature)

H20000091576 3

H20000091576 3

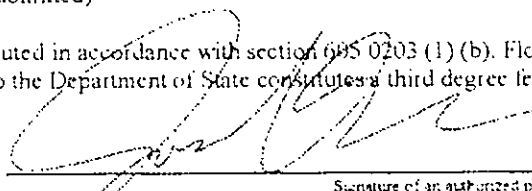
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total].

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name, _____	<input type="checkbox"/> Manager	Name, _____
<input type="checkbox"/> Member	Address, _____	<input type="checkbox"/> Member	Address, _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name _____	<input type="checkbox"/> Manager	Name, _____
<input type="checkbox"/> Member	Address, _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name _____	<input type="checkbox"/> Manager	Name, _____
<input type="checkbox"/> Member	Address, _____	<input type="checkbox"/> Member	Address, _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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 685.0203 (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.

Jonathan Babb, Senior Vice President, Chief Legal Officer and Secretary

 Typed or printed name of signer

H20000091576 3

H20000091576 3

Authorized Officers of HPA BORROWER 2020-2 ML LLC

Name.	Title.	Address.
William J. Young	President	120 S. Riverside Plaza, Suite 2000 Chicago, IL 60606
Benjamin Hellweg	Senior Vice President, Chief Investment Officer	120 S. Riverside Plaza, Suite 2000 Chicago, IL 60606
Jonathan C. Babb	Senior Vice President, Chief Legal Officer and Secretary	120 S. Riverside Plaza, Suite 2000 Chicago, IL 60606
Joe Florezak	Senior Vice President, Chief Operating Officer	120 S. Riverside Plaza, Suite 2000 Chicago, IL 60606
Patrick M. Esper	Senior Vice President and Chief Accounting Officer	120 S. Riverside Plaza, Suite 2000 Chicago, IL 60606
Elizabeth Kirscher	Senior Vice President, Human Capital	120 S. Riverside Plaza, Suite 2000 Chicago, IL 60606
Xiaofei (Figgo) Li	Senior Vice President, Software Development	120 S. Riverside Plaza, Suite 2000 Chicago, IL 60606
Brian Licthy	Senior Vice President, New Business Development	120 S. Riverside Plaza, Suite 2000 Chicago, IL 60606
Nicole Montecalvo	Vice President, Capital Markets and Treasury	120 S. Riverside Plaza, Suite 2000 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

2020/03/24 PM 1:52

H20000091576 3

H20000091576 3

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HPA BORROWER 2020-2 ML 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 TWENTY-THIRD DAY OF MARCH, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HPA BORROWER 2020-2 ML LLC" WAS FORMED ON THE NINETEENTH DAY OF MARCH, A.D. 2020.

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

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SR# 20202323955

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

Authentication: 202642152

Date: 03-23-20

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