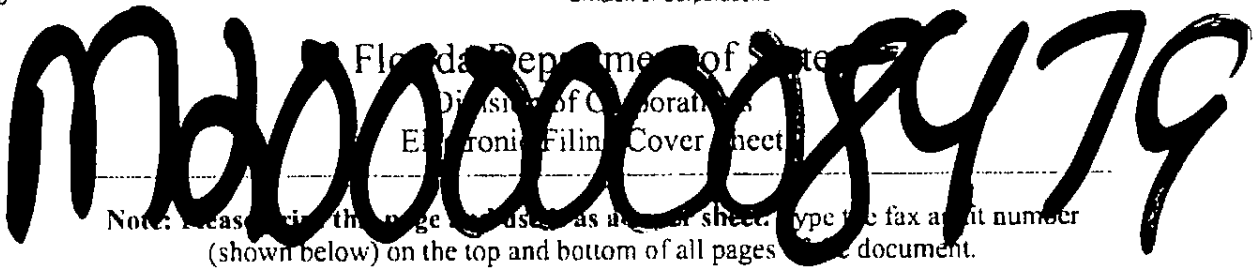


9/28/2020

Division of Corporations



Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print the page number as indicated on the sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000337130 3)))



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To:

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

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (954)208-0845

\*\*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  
Hometap Foundation Fund GP LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

2020 SEP 28 PM 3:05

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Corporate Filing Menu

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Hometap Foundation Fund GP LLC

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

2. Delaware

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

83-3051264

3. (TIN number, if applicable)

4.

(Date last transacted business in Florida, if prior to registration)  
(See sections 605.001 & 605.002, F.S. to determine penalty liability)

800 BOYLSTON ST., 16TH FLOOR

5. (Street Address of Principal Office)

Boston, MA 02199

800 BOYLSTON ST., 16TH FLOOR

6. (Mailing Address)

Boston, MA 02199

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

C T Corporation System

Office Address:

1200 South Pine Island Road

Plantation

(City)

33324

Florida (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.

By:

C T Corporation System

(Registered agent's signature)

- Peter Trawinski, Assistant Secretary

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: <u>Jeffrey Glass</u>	<input type="checkbox"/> Manager	Name: <u>Thomas Corra</u>
<input type="checkbox"/> Member	Address: <u>800 Boylston Street</u>	<input type="checkbox"/> Member	Address: <u>800 Boylston Street</u>
<input checked="" type="checkbox"/> Authorized	<u>16th Floor</u>	<input checked="" type="checkbox"/> Authorized	<u>16th Floor</u>
Person	<u>Boston, MA 02199</u>	Person	<u>Boston, MA 02199</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: <u>Noah Spaulding</u>	 <input type="checkbox"/> Manager	Name: <u>Adam Jaskiewicz</u>
<input type="checkbox"/> Member	Address: <u>800 Boylston Street</u>	<input type="checkbox"/> Member	Address: <u>800 Boylston Street</u>
<input checked="" type="checkbox"/> Authorized	<u>16th Floor</u>	<input checked="" type="checkbox"/> Authorized	<u>16th Floor</u>
Person	<u>Boston, MA 02199</u>	Person	<u>Boston, MA 02199</u>
<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 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.

Noah Spaulding  
Signature of an authorized person

Noah L. Spaulding

Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "HOMETAP FOUNDATION FUND GP 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-EIGHTH DAY OF SEPTEMBER, A.D. 2020.

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



7197844 8300

SR# 20207513213

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203746109

Date: 09-28-20