MU00012412

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer

Office Use Only



600372297176

21 SEP 20 PM 1: 44

RECEIVED 121 SEP 20 AM II: 48

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 999098 8006743

AUTHORIZATION : Synchologic

COST LIMIT : C\$ 125.000

ORDER DATE: September 15, 2021

ORDER TIME : 9:27 AM

ORDER NO. : 999098-010

CUSTOMER NO: 8006743

FOREIGN FILINGS

NAME: SFR BORROWER 2021-2 LLC

XXXX QUALIFICATION (TYPE: <u>LL</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT# 61594

EXAMINER:

COVER LETTER

TO:

	SFR BORROWER 2021-2 LLC					
SUBJECT:Name of Limited Liability Company						
The end Existen	closed "Application by Foreign Limited Liability Conce, and check are submitted to register the above reference.	mpany for Authorization to Transact Business in Florida," Certificate o erenced foreign limited liability company to transact business in Florida				
'lease r	return all correspondence concerning this matter to the	ne following:				
		Name of Person				
	SFR BORROWER 2021-2 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 us	sed for future annual report notification)				
For furt	ther information concerning this matter, please call:					
	Jonathan Babb	877 234-5155				
	Name of Contact Person	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				
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPAI \$125.00 Filing Fee \$\Bigci \\$130.00 Filing Fee \& Certificate of S	\$155.00 Filing Fee & S160.00 Filing Fee, Certificate				

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

SFR BORROWER 20				
(Name of Foreign)	limited Liability Company; must include "Lim	ned Liability	Company," "L L C.," or "LLC.")	
(If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in	Florida The	Itemate name must include "Limited Liab	oility Company," "L.L.C." or "LLC."
Delaware		3.		
(Jurisdiction under the law of wh	nich foreign limited liability company is organized)	J.	(FEI number	(, (f applicable)
upon qualification				
	(Date first transacted business in Florida, if prior (See sections 605.0904 & 605.0905, F.S. to dete	to registration craine penalty) lability)	
120 S Riverside Plaz	a		120 S Riverside Plaza	
Street Address of Principal Office)		-	(Mailing Address)	
Suite 2000			Suite 2000	
Chicago, IL 60606			Chicago, IL 60606	
7. Name and <u>street addres</u> Name:	s of Florida registered agent: (P.O. B Corporation Service Company	ox <u>NOT</u> a	cceptable)	FILEI
Office Address:	1201 Hays Street			M + 44
	Tallahassee		32301 , Florida	
	(City)		(Zip code)	
designated in this applica- to comply with the provisi	tance: gistered agent and to accept service of tion, I hereby accept the appointment ons of all statutes relative to the prop s of my position as registered agent Corporation Service Company By:	i as registe per and co. Eyli	red agent and agree to act ir	i this capacity. I further

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]:

Title or Capacity:	Name and Address:	Title or Capacity:		Name and Address:
∏Manager	Name: SFR Equity Owner 2021-2 LLC	□Manager	Name:	
■Member	Address:	□Member	Address:	
□Authorized	Suite 2000	□Authorized		<u> </u>
Person	Chicago, IL 60606	Person		
Other		Other		□Other
□Manager	Name:	□Manager	Name:	
☐Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	Other	Other		Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	Other	□Other		□ 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.

Signature of an authorized person

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

Typed or printed name of signee

Page 1



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

DELAWARE, DO HEREBY CERTIFY "SFR BORROWER 2021-2 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 FIFTEENTH DAY OF SEPTEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SFR BORROWER 2021-2 LLC" WAS FORMED ON THE SEVENTEENTH DAY OF AUGUST, A.D. 2021.

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

Authentication: 204160465

Date: 09-15-21