

M22000001961

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

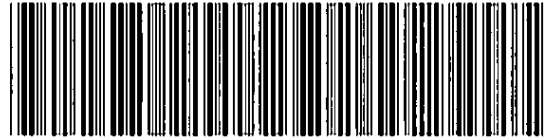
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



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2022 FEB -7 AM 11:04

TALLAHASSEE, FL

RECEIVED

2022 FEB -7 AM 11:40

TALLAHASSEE, FL

S. ROBERTS

FEB 07 2022

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 456886 8006743
AUTHORIZATION : *Lynne Coleman*
COST LIMIT : \$125.00

ORDER DATE : February 2, 2022
ORDER TIME : 8:35 AM
ORDER NO. : 456886-025
CUSTOMER NO: 8006743

FOREIGN FILINGS

NAME: SFR BORROWER 2022-1 LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX ____ PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SFR Borrower 2022-1 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

SFR Borrower 2022-1 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:

Jonathan Babb

877

234-5155

at (_____) _____

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
Tallahassee, FL 32303

Enclosed is a check for the following amount:

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

**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. SFr Borrower 2022-1 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 3. 87-4655673
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI 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. <u>120 S Riverside Plaza</u> (Street Address of Principal Office)	6. <u>120 S Riverside Plaza</u> (Mailing Address)
<u>Suite 2000</u>	<u>Suite 2000</u>
<u>Chicago, IL 60606</u>	<u>Chicago, IL 60606</u>

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip code)

FILED
2022 FEB -7 AM 11:04
TALLAHASSEE, FL

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.

Corporation Service Company
By: Alexis Weiknd, assistant va president
(Registered agent's signature)

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:**

☐ Manager Name: William P. Young

☐ Member Address: 120 S Riverside Plaza

☐ Authorized Suite 2000

Person Chicago, IL 60606

☒ Other President ☐ Other

☐ Manager Name: Jonathan Babb

☐ Member Address: 120 S Riverside Plaza

☐ Authorized Suite 2000

Person Chicago, IL 60606

☒ Other SVP, Chief Legal Officer & Secretary ☐ Other

☐ Manager Name: Patrick Esper

☐ Member Address: 120 S Riverside Plaza

☐ Authorized Suite 2000

Person Chicago, IL 60606

☒ Other SVP, Chief Financial Officer ☐ Other

Title or Capacity: **Name and Address:**

☐ Manager Name: Benjamin Hellweg

☐ Member Address: 120 S Riverside Plaza

☐ Authorized Suite 2000

Person Chicago, IL 60606

☒ Other Senior Vice President, Chief Investment Officer ☐ Other

☐ Manager Name: Joe Florczak

☐ Member Address: 120 S Riverside Plaza

☐ Authorized Suite 2000

Person Chicago, IL 60606

☒ Other SVP, Chief Operating Officer ☐ Other

☐ Manager Name: Elizabeth Kirscher

☐ Member Address: 120 S Riverside Plaza

☐ Authorized Suite 2000

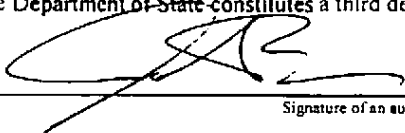
Person Chicago, IL 60606

☒ Other SVP, Human Capital ☐ 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 & Secretary

Typed or printed name of signer

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SFR BORROWER 2022-1 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 THIRD DAY OF FEBRUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SFR BORROWER 2022-1 LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF JANUARY, A.D. 2022.

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



6562842 8300

SR# 20220360588

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

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

Authentication: 202569460

Date: 02-03-22