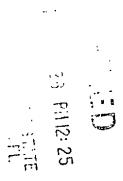
MB2000004666

((Requesto	r's Name)		
((Address)			
- ((Address)	- -		
	(City/State	/Zip/Phone	#)	
PICK-UP		WAIT		MAIL
	(Business	Entity Name	e)	
 ((Documen	t Number)		
Certified Copies		Certificates	of Status	
	_		_	
				
Special Instructions to	Filing Off	icer:		
I				

Office Use Only



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2022 Nov. 23 Pil 3: 31

S. HAWKES

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT	MO	I20000000195
ACCOOM	NO.	 エスししししししししょうこ

REFERENCE : 575647 7267768

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE: March 28, 2022

ORDER TIME : 2:49 PM

ORDER NO. : 575647-005

CUSTOMER NO: 7267768

FOREIGN FILINGS

NAME: RIBBON HOME SPV V, LLC

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

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER:

.

Registration Section

TO:

COVER LETTER

Div	vision of Corporation				
SUBJECT:	Ribbon Home SPV V	Name of Lim	ited Liability	Company	-
		eign Limited Liability Company	for Authoriz	ation to Transact Business in Florida, ited liability company to transact busi	
Please return	n all correspondence co	oncerning this matter to the foll	owing:		
	Shaival Sharad	Shah			
		Name	of Person		_
	Ribbon Home S	PV V, LLC			
		Firm/	Company		-
	29 East 19th Str	eet			
		A	ddress		_
	New York, NY	10003			
		City/State	and Zip Code		_
	shaival@ribbonho	•			
		E-mail address: (to be used for	future annua	l report notification)	-
For further i	nformation concerning	this matter, please call:			
Jos	seph Mignone	al	646	414-6792	
	Name of	Contact Person	Area Code	Daytime Telephone Number	-
Div Reş P.C	AILING ADDRESS: vision of Corporations gistration Section D. Box 6327 cllahassee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Ple	closed is a check for the ase make check payable \$125.00 Filing Fee	e following amount: le to: FLORIDA DEPARTME \$130.00 Filing Fee & Certificate of Status	\$155.00		Fee, Certificate tified Copy

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:

1. Ribbon Home SPV V	Limited Liability Company; must include "Limit	ed Liability Company	"," "L.L.C.," or "Ll.C.")		
•	,				
If name unavailable, enter alternate of	name adopted for the purpose of transacting business in Floring	orida. The alternate name	must include "Limited Liability	Company," "L.I.C," o	or "I.I.C.")
Delaware		_			
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	خ	(FEI number,)	l'applicable)	
N/A					
1.	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determ	registration.)		·····	
29 East 19th Street		29 Eas	t 19th Street		
(Street Address of I	Principal Office)	6	(Mailing Address)	•	
New York, NY 10003	3	New Yo	ork, NY 10003		
					
	A.W.				
Name and street addres	ss of Florida registered agent: (P.O. Box	K <u>NOT</u> acceptabl	e)	· · · · · · · · · · · · · · · · · · ·	
Name	Corporation Service Company) D
Name: Office Address:	1201 Hays Street				pls 12: 25
	Tallahassee	. 1	32301 Florida	·	
	(City)	·	(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.

Corporation Service Company By:	alixa	Walter assume conference
(Registered age	m's signature)	

Ribbon Home, Inc. 29 East 19th Street Sork, NY 10003	☐ Manager ☐ Member ☐ Authorized Person ☐ Other	Name:Address:
York, NY 10003	Authorized Person	
	Person	
_	_	
Other	Other	
	<u> </u>	Other
	Manager	Name:
ss:	☐ Member	Address:
	Authorized	
	Person	
Other	Other	Other
	Manager	Name:
is:	☐ Member	Address:
	Authorized	
	Person	
Other	Other	Other
	Other	Authorized Person Other Manager Manager Authorized Person Other Member Authorized Person Other Other Department of Sta fexistence, no more than 90 days old, duly authenticated by the which it is organized. (If the certificate is in a foreign language)

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "RIBBON HOME SPV V, 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 MARCH, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RIBBON HOME SPV V, LLC" WAS FORMED ON THE EIGHTEENTH DAY OF JANUARY, A.D. 2022.

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

Authentication: 203025395

Date: 03-28-22