M22100114245

(F	Requestor's Name)
(A	Address)
A)	Address)
(0	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	Business Entity Name)
(C	Occument Number)
Certified Copies	Certificates of Status
Special Instructions to F	Filing Officer:

Office Use Only



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2022 SEP 13 NATI: 33

S. FRANKLIN SFP 14 2022 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 949451 8006743

AUTHORIZATION

COST LIMIT : (\$\sqrt{125.00}

ORDER DATE: September 12, 2022

ORDER TIME : 9:13 AM

ORDER NO. : 949451-025

CUSTOMER NO: 8006743

FOREIGN FILINGS

NAME: SFR BORROWER 2022-2 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: Eyliena Baker -- EXT#

EXAMINER:

COVER LETTER

	distration Section district of Corporations					
SUBJECT:	SFR Borrower 2022-2 LLC					
Name of Limited Liability Company						
		Company for Authorization to Transact Business in Florida.' referenced foreign limited liability company to transact busin				
Please return	all correspondence concerning this matter t	o the following:				
		Name of Person				
	SFR Borrower 2022-2 LLC					
		Firm/Company				
	120 S. Riverside Plaza, Suite 2000)				
		Address	12			
	Chicago, IL 60606		79 <i>11</i> 2			
	C	City/State and Zip Code				
	legal@homepartners.com		ىن 			
	E-mail address: (to be	e used for future annual report notification)				
For further in	nformation concerning this matter, please ca	11:	13 FAIZ: 13			
Joe Florczak		877 234-5155				
	Name of Contact Person	at () Area Code Daytime Telephone Number				
	iling Address: gistration Section	Street Address: Registration Section				
Div	rision of Corporations	Division of Corporations				
	D. Box 6327 Jahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Plea	losed is a check for the following amount: use make check payable to: FLORIDA DEF 125.00 Filing Fee	e & 🔲 \$155.00 Filing Fee & 🗀 \$160.00 Filing Fee,				

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

IN COMPLANCE 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:

If name unavailable, enter alternate	name adopted for the purpose of transacting business in F	·londa. The :	alternate name must include "Limited Liability Co	mmany," "L.L.C." or "LLC.")
Delaware	interior lass processing and the		88-4047594	, , , , , , , , , , , , , , , , , , , ,
(Jurisdiction under the law of which foreign limited liability company is organized)		3.	(FE) number, if appl	icable)
Upon qualification				
·	(Date first transacted business in Florida, if prior to	registration)	
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	nine penalty	habdity)	
120 S. Riverside Plaza		6.	120 S. Riverside Plaza	
Street Address of Principal Office)			(Mailing Address)	
Suite 2000			Suite 2000	26
				(3)
Chicago, IL 60606			Chicago, IL 60606	r
		•		3
. Name and street address	ss of Florida registered agent: (P.O. Box	x <u>NOT</u> a	cceptable)	
				<u> </u>
Name:	Corporation Service Company			
Office Address:				
	Tallahassee		32301	
			. Florida(Zip code)	
	(City)			

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: William P. Young Benjamin Hellweg □Manager □Manager 120 S. Riverside Plaza 120 S. Riverside Plaza □Member □ Member Address: Suite 2000 Suite 2000 □ Authorized □ Authorized Chicago, IL 60606 Chicago, IL 60606 Person Person Senior Vice President. Other Chief Investment Officer President Other ' □Other _____ Other Jonathan Babb Name: Joe Florczak Name: □Manager □Manager 120 S. Riverside Plaza 120 S. Riverside Plaza □Member Address: □Member **Suite 2000 Suite 2000** □ Authorized □ Authorized Chicago, IL 60606 Chicago, IL 60606 Person Person SVP, Chief Legal SVP, Chief Operating Other_Officer & Secretary Other Officer □Other □Other Name: Patrick Esper Name: Jonathan Pease □Manager □Manager Address: ___ Address: __ 120 S. Riverside Plaza □Member □Member Suite 2000 **Suite 2000** □ Authorized □ Authorized Chicago, IL 60606 Chicago, IL 60606 Person Person SVP, Chief Financial ■Other____SVP, Finance Other Officer □Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 Joe Florczak

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "SFR BORROWER 2022-2 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 TWELFTH DAY OF SEPTEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SFR BORROWER 2022-2 LLC" WAS FORMED ON THE SIXTH DAY OF SEPTEMBER, A.D. 2022.

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

7777 13 F312170



Authentication: 204369997

Date: 09-12-22