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22 OCT 27 PH 3: 32

OCT 28 2022 K. Brumbley CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 3230 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 082464 8366594

AUTHORIZATION :

COST LIMIT : (5\160.00

ORDER DATE: October 27, 2022

ORDER TIME : 2:03 PM

ORDER NO. : 082464-005

CUSTOMER NO: 8366594

FOREIGN FILINGS

NAME: PROMISE HOMES BORROWER I, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER:

COVER LETTER

TO:

Promise Homes Borrower I, LLC		
	e of Limited Liability Company	
closed "Application by Foreign Limited Liability ice, and check are submitted to register the above	Company for Authorization to Transact Business in Florida." Certific referenced foreign limited liability company to transact business in F	
return all correspondence concerning this matter t	o the following:	
Jake Keating		
	Name of Person	
The Promise Homes Company		
-	Firm/Company	
235 Peachtree Street NE, Suite 40	0	
	Address	
Atlanta, GA 30303		
C	City/State and Zip Code	
jake.keating@thepromisehomescom	npany.com	
E-mail address: (to be	e used for future annual report notification)	
ther information concerning this matter, please ca	II:	
Jake Keating	704 771-6156	
Name of Contact Person	Area Code Daytime Telephone Number	
Mailing Address:	Street Address:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations The Control of Tollahassas	
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	
тананаsscc, гт. 52514	Tallahassee, FL 32303	

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

IN COMPLIANCE WITH SECTION (05,000), FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

	ower I, LLC			
(Name of Foreign	Limited Liability Company; must include "Lim	ited Liability (Company, ""L. L.C.," or "L.L.C.")	
If name unavailable, enter alternate n	name adopted for the purpose of transacting business is	n Florida. The at	ternate name must include "Limited Liabil	ity Company," "L.L.C," or "LLC,")
Delaware		2		
(Jurisdiction under the law of w	hich foreign lumited liability company is organized)	3	(FEI number,	(fapplicable)
1/1/2022				
·	(Date first transacted business in Florida, if prior (See sections 605 0904 & 605 0905, F.S. to dete	to registration.)	ability)	<u> </u>
26050 Mureau Rd., S	Suite 110	6. (Mailing Address)		
Street Address of Principal Office)				
Calabasas, CA 9130	2	(Calabasas, CA 91302	
		_	 -	
		_		***
	s of Florida registered agent: (P.O. B Corporation Service Company	ox <u>NOT</u> ac	ceptable)	2022 (
Name and street address Name: Office Address:		ox <u>NOT</u> ac	ceptable)	2022 OCT 27
Name:	Corporation Service Company	ox <u>NOT</u> ac	cceptable)	2022 OCT 27 AM I
Name:	Corporation Service Company 1201 Hays Street	ox <u>NOT</u> ac	32301	2022 OCT 27 AM II: 2

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: Clayton Wyatt	□Manager	Name: Shawn Horwitz
■Member	Address: 26050 Mureau Road	■Member	Address: 26050 Mureau Road
□Authorized	STE 110	□Authorized	STE 110
Person	Calabasas, CA 91302	Person	Calabasas, CA 91302
Other	Other	□Other	□Other
□Manager	Name:	□Manager	Name:
■Member	Address:	□Member	Address:
□Authorized	Suite 3840	□Authorized	
Person	Atlanta, GA 30303	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

Shawn Horwitz

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "PROMISE HOMES BORROWER I, 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-SEVENTH DAY OF OCTOBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PROMISE HOMES BORROWER I, LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF NOVEMBER, A.D. 2021.

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

Authentication: 204718247

Date: 10-27-22