

To:

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2023-01-10 09:25:17 CST

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From: David Thomas

1/10/23, 10:08 AM

Division of Corporations

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954)208-0845
Fax Number : (614)573-3996

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

Foreign Limited Liability Company Fundrise, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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DocuSign Envelope ID: E15D34C1-50FB-4298-8E6D-FD77A9986DC0

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDAIN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:1. Fundrise, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC" or "L.L.C.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC" or "L.L.C.")

2. Delaware 45-2536816
(Jurisdiction under the law of which foreign limited liability company is organized) (F.L.I. number, if applicable)4. Upon Filing
(Date first transacted business in Florida, if prior to registration)
(See sections 605.003 & 605.0605, F.S. to determine penalty liability)5. 11 Dupont Circle NW 11 Dupont Circle NW
(Street Address of Principal Office) (Mailing Address)FL 9 FL 9
Washington, DC 20036 Washington, DC 200367. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C.T. Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.*By: C.T. Corporation System
LISA DUBOIS, ASSISTANT SECRETARY
(Registered agent's signature)APPROVED
AND
FILED

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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: Rise Companies Corp.

☐ Manager

Name: _____

☒ Member

Address: 11 Dupont Circle NW

☐ Member

Address: _____

☐ Authorized

FL 9

☐ Authorized

Person

Washington, DC 20036

Person

☐ Other _____☐ 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.

Brandon Jenkins
 Signature of an authorized person

BRANDON JENKINS, Chief Operating Officer of Rise Companies Corp., its sole member

 Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "FUNDRISE, 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 FIFTH DAY OF JANUARY, A.D. 2023.

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



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

4995959 8300

SR# 20230043820

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

Authentication: 202431596

Date: 01-05-23