

M23000011014

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

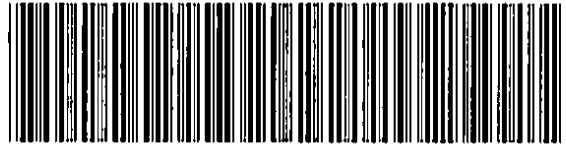
(Document Number)

Certified Copies _____

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Special Instructions to Filing Officer:

Office Use Only



900414150029

APPROVED
AND
FILED

2023 AUG 23 PM 6:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2023 AUG 23 PM 3:00

CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

AUG 23 2023

K. Brumby



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: 61594

To: Department Of State, Division Of Corporations
From: Eyliena Baker
Ext: 61594
Date: 08/23/23
Order #: 1256648-3
Re: FIFTHWALL ECI, LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$125.00 - FL State Account Number:

I20000000195

auth

A handwritten signature in black ink, appearing to read "Eyliena Baker", is written over the word "auth".

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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. FifthWall ECI, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. DE
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 47-5620629
(FEI number, if applicable)

4. 07/01/2023
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 7000 Stonewood Dr., Ste. 350
(Street Address of Principal Office)

6. 7000 Stonewood Dr., Ste. 350
(Mailing Address)

Wexford, PA 15090
Wexford, PA 15090

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)

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: Corporation Service Company
(Registered agent's signature)

Eylima Baker
Assistant Vice President

APPROVED
AND
FILED
2023 AUG 23 PM 6:42
CLERK OF STATE
CORPORATION DIVISION

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: Richard Reid Wellock

☒ Member Address: 7000 Stonewood Dr., Ste 350

☐ Authorized Wexford, PA 15090

Person _____

☐ Other _____ ☐ Other _____

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

☐ Manager Name: B. Douglas Wright

☒ Member Address: 7000 Stonewood Dr., Ste 350

☐ Authorized Wexford, PA 15090

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Bruce Wright

☒ Member Address: 7000 Stonewood Dr., Ste 350

☐ Authorized Wexford, PA 15090

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Conway Holdings

☒ Member Address: 7000 Stonewood Dr., Ste 350

☐ Authorized Wexford, PA 15090

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: William Rogerson

☒ Member Address: 7000 Stonewood Dr., Ste 350

☐ Authorized Wexford, PA 15090

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Brian Shanahan

☒ Member Address: 7000 Stonewood Dr., Ste 350

☐ Authorized Wexford, PA 15090

Person _____

☐ 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

Richard Reid Wellock

Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FIFTHWALL ECI, 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-THIRD DAY OF AUGUST, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FIFTHWALL ECI, LLC" WAS FORMED ON THE EIGHTEENTH DAY OF NOVEMBER, A.D. 2015.

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



5882398 8300

SR# 20233323851

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 204024474

Date: 08-23-23