

7/19/24, 12:16 PM

Division of Corporations

Florida Department of State
Division of Corporations
M2400009311

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H240002453573)))



H240002453573ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
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: linda.beste@realpage.com

Foreign Limited Liability Company
NOVELPAY LLC

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

RECEIVED

2024 JUN 19 PM 1:50

STATE
DIVISION OF CORPORATIONS

2024 JUN 19 PM 2:52
CORPORATION
CLERK

APPROVED
AND
FILED

Electronic Filing Menu Corporate Filing Menu Help

JUL 18 2024
K. Brumley

DocuSign Envelope ID: 4BD97558-3E14-4313-B1DA-CF5B5116FE93

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDAIN COMPLIANCE WITH SECTION 605.09(2), FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:1 NovellPay LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company" ("LLC" or "LLC"))

(If name and address were already previously adopted for the purpose of transacting business in Florida, the alternate name must include "Limited Liability Company" ("LLC" or "LLC"))

2 DE 3 14-3870388
(Jurisdiction under the law of which foreign limited liability company is organized) (DE number, if applicable)4 _____
(If this foreign limited liability company is a limited liability partnership, please provide the name of the partnership and the name of the person who is the managing member or partner in charge of the partnership.
(See sections 605.09(1) & 605.09(2) F.S. for determining penalty liability.)5 2201 Lakeside Blvd., 6 2201 Lakeside Blvd., Attn: Legal Dept
(Street Address of Principal Office) (Street Address)
Richardson, Texas 75082 Richardson, Texas 75082

7 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 33324
_____, Florida _____
(City) (Zip code)APPROVED
AND
FILED
2024 JUN 19 PM 2:52
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF
DADE, FLORIDA

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
Eric Carlson, Asst. Secretary
(Registered agent's signature)

DocuSign Envelope ID: 4BD9753B-3E14-4373-B1DA-CF5B5116FE93

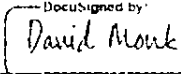
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☐ Manager	Name <u>RealPage, Inc</u>	☐ Manager	Name _____
☐ Member	Address <u>2201 Lakeside Blvd.,</u>	☐ Member	Address _____
☐ Authorized	<u>Richardson, Texas 75082</u>	☐ Authorized	_____
☐ Person	<u>David Monk, EVP, CLO & SEC</u>	☐ 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.

DocuSigned by:


 Signature of an authorized person
 David Monk, Executive Vice President, Chief Legal Officer & Secretary, RealPage, Inc., 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 "NOVELPAY 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 EIGHTEENTH DAY OF JULY, A.D. 2024.

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



5415377 8300

SR# 20243181579

You may verify this certificate online at corp.delaware.gov/authver.shtmlA handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203962879

Date: 07-18-24