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Division of Corporations
Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-0821
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FOREIGN PROFIT/NONPROFIT CORPORATION
HOMETHRIVE, INC.

Certificate of Status	0
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11

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. HomeThrive, Inc.
(Enter name of corporation, must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. August 15, 2018 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. Upon Approval of Filing.
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 40 Skokie Boulevard, Suite 220, Northbrook, IL 60062
(Principal office street address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

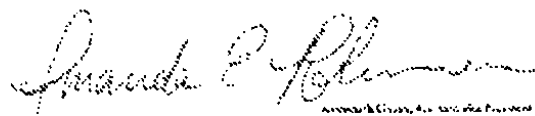
Tallahassee, Florida 32301
(City) (Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity; further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duty and I am familiar with and accept the obligations of my position as registered agent.

Corporation Service Company

By: _____



(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

Chairman Name: David Greenberg
 Vice Chairman Address: 40 Skokie Boulevard, Suite 220
 Director Northbrook, IL 60062
 President _____
 Vice President _____
 Secretary Treasurer
 Other Co-Ceo Other _____

Chairman Name: David Jacobs
 Vice Chairman Address: 40 Skokie Boulevard, Suite
 Director Northbrook, IL 60062
 President _____
 Vice President _____
 Secretary Treasurer
 Other Co-Ceo Other _____

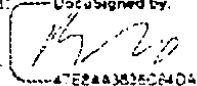
Chairman Name: Lee Shapiro
 Vice Chairman Address: 40 Skokie Boulevard Suite 220
 Director Northbrook, IL 60062
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Glen Tullman
 Vice Chairman Address: 40 Skokie Boulevard Suite 2
 Director Northbrook, IL 60062
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Robert Garber
 Vice Chairman Address: 40 Skokie Boulevard Suite 220
 Director Northbrook, IL 60062
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Important Notice Use an attachment to report more than six (6) The attachment will be imaged for reporting purposes only. Non-indexed attachments are not included in the index when filing your Florida Department of State Annual Report form.

12.  _____
DocuSigned by: [Signature]
DocuSign Envelope ID: 08353DDA-3F5A-4883-9543-6D435F403B21
 Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that she is aware that 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.

13. David Greenberg, Co-Ceo & President

 (Typed or printed name and capacity of person signing application)

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HOMETHRIVE, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTY-FIRST DAY OF DECEMBER, A.D. 2020.


AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HOMETHRIVE, INC." WAS INCORPORATED ON THE FIFTEENTH DAY OF AUGUST, A.D. 2018.

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

SECRETARY OF STATE




Jeffrey W. Bullock, Secretary of State

7017133 8300

SR# 20208809068

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

Authentication: 204458302

Date: 12-31-20