

have not received rejection letter but confirmed this was rejected via Kyle - attached is a current good standing from DE. please give TODAY's date as file date

F 22 00000014

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

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H210004683583ABC4

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 : CAPITOL SERVICES, INC.
 Account Number : I20160000017
 Phone : (855)498-5500
 Fax Number : (800)432-3622

2021 DEC 29 PM 3:34
FILED

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 PROFIT/NONPROFIT CORPORATION
HOMESTORY REAL ESTATE SERVICES, INC.**

***please honor 12/29/21 as file date

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

***please honor 12/29/21 as file date

2021 DEC 29 PM 4:45

S. FRANKLIN

JAN-3 - 2022

H21000468358

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HomeStory Real Estate Services, Inc.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Name of Person

Capitol Services - Corporate Filings Team
Firm/Company

515 East Park Avenue 2nd Fl
Address

Tallahassee, FL 32301
City/State and Zip code

caefinance@homestoryrewards.com
E-mail address: (to be used for future annual report notification)

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2021 DEC 29 PM 3:34
TALLAHASSEE, FL

For further information concerning this matter, please call:

IMPORTANT: The email address entered here will be utilized for future annual report notifications and possibly other NOTIFICATIONS from the STATE to the entity!

Name of Person

at (855) 498 - 5500
Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

H21000468358

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA H21000468358

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. HomeStory Real Estate Services, 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. 26-2984532
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 07/03/2008 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 13359 N Hwy 183, Ste 406 #2044, Austin, TX 78750
(Principal office street address)

(Current mailing address, if different)

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

Name: Capitol Corporate Services, Inc.

Office Address: 515 East Park Avenue 2nd Fl

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. 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.

Taylor Seay

Taylor Seay, Assistant Secretary on behalf of Capitol Corporate Services, Inc.

(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]:

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A. DIRECTORS

Chairman Name: John Price

Vice Chairman Address: 13359 N Hwy 183

Director Ste 406 #2044

President Austin, TX 78750

Vice President _____

Secretary _____ Treasurer _____

Other _____ Other _____

Chairman Name: Jack Lynch

Vice Chairman Address: 13359 N Hwy 183

Director Ste 406 #2044

President Austin, TX 78750

Vice President _____

Secretary _____ Treasurer _____

Other CFO Other _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary _____ Treasurer _____

Other _____ Other _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary _____ Treasurer _____

Other _____ Other _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

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 individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. [Signature] 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 he or 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. Jack Lynch
(Typed or printed name and capacity of person signing application)

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TAMPA, FLORIDA

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HOMESTORY REAL ESTATE SERVICES, 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 TWENTY-NINTH DAY OF DECEMBER, A.D. 2021.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HOMESTORY REAL ESTATE SERVICES, INC." WAS INCORPORATED ON THE THIRD DAY OF JULY, A.D. 2008.

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

2021 DEC 29 PM 3:34

DELAWARE STATE FILE

FILED



Jeffrey W. Bullock
 Jeffrey W. Bullock, Secretary of State

4568729 8300

SR# 20214253738

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

Authentication: 205114385

Date: 12-29-21