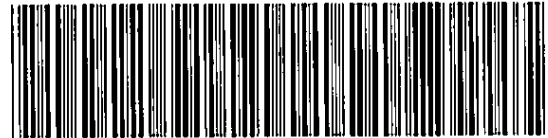


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:


Office Use Only

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STATE
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STATE OF FLORIDA
JAN 14 PM 3:43

S. HAWKES
JAN 14 2021

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 378323 7327806
AUTHORIZATION : 
COST LIMIT : \$ 70,000

ORDER DATE : January 14, 2022
ORDER TIME : 2:29 PM
ORDER NO. : 378323-005
CUSTOMER NO: 7327806

FOREIGN FILINGS

NAME: HOMEGENIUS INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: homegenius 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:

Tami Bohm
Name of Person
homegenius Inc.
Firm/Company
550 E. Swedesford Rd., #350
Address
Wayne, PA 19087
City/State and Zip code
regulatory@radian.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tami Bohm at (215) 231-1335
Name of Person 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

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

homegenius by Radian

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

2. Delaware 3. 87-2358045
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 08/24/2021 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 550 E. Swedesford Rd., #350
(Principal office street address)

Wayne, PA 19087

(Current mailing address, if different)

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

Name: Corporation Service Company

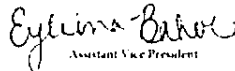
Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip code)

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STATE OF FLORIDA
AUG 24 2 44 PM '21

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.


Assistant Vice President

(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: Richard Thornberry
 550 E. Swedesford Rd., #350.
 Vice Chairman Address: Wayne, PA 19087
 Director Richard Thornberry
 President Richard Thornberry
 Vice President _____
 Secretary _____ Treasurer _____
 Other _____ Other _____

Chairman Name: Edward J. Hoffman
 550 E. Swedesford Rd., #350,
 Vice Chairman Address: Wayne, PA 19087
 Director Edward J. Hoffman
 President _____
 Vice President _____
 Secretary Edward J. Hoffman Treasurer _____
 Other _____ Other _____

Chairman Name: Derek Brummer
 550 E. Swedesford Rd., #350.
 Vice Chairman Address: Wayne, PA 19087
 Director Derek Brummer
 President _____
 Executive Vice President Derek Brummer
 Secretary _____ Treasurer _____
 Other _____ Other _____

Chairman Name: Brien McMahon
 550 E. Swedesford Rd., #350.
 Vice Chairman Address: Wayne, PA 19087
 Director Brien McMahon
 President _____
 Executive Vice President Brien McMahon
 Secretary _____ Treasurer _____
 Other _____ Other _____

Chairman Name: J. Franklin Hall
 550 E. Swedesford Rd., #350.
 Vice Chairman Address: Wayne, PA 19087
 Director J. Franklin Hall
 President _____
 Executive Vice President J. Franklin Hall
 Secretary _____ Treasurer _____
 Other CFO _____ Other _____

Chairman Name: Tami Bohm
 550 E. Swedesford Rd., #350,
 Vice Chairman Address: Wayne, PA 19087
 Director _____
 President _____
 Vice President Tami Bohm
 Assistant 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. Tami A. Bohm
 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. Tami A. Bohm, Assistant Secretary
 (Typed or printed name and capacity of person signing application)

Delaware

Page 1


The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HOMEGENIUS 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 FOURTEENTH DAY OF JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HOMEGENIUS INC." WAS INCORPORATED ON THE TWENTY-FOURTH DAY OF AUGUST, A.D. 2021.

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




Jeffrey W. Bullock, Secretary of State

COVER LETTER

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Division of Corporations

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