

F22000005051

(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



300391507733

RECEIVED
2022 AUG 10 AM 11: 21
AT AMASSER...
FILED
2022 AUG 10 PM 12: 52
... FLORIDA

T. LEMIEUX
AUG 11 2022

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

ACCOUNT NO. : I20000000195

REFERENCE : 873861 7924764

AUTHORIZATION :



COST LIMIT : \$ 70.00

ORDER DATE : August 9, 2022

ORDER TIME : 8:04 AM

ORDER NO. : 873861-005

CUSTOMER NO: 7924764

FOREIGN FILINGS

NAME: HOME WARRANTY OF THE MIDWEST,
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: Alexxis Weiland -- EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Home Warranty of the Midwest, 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:

ATTN: Corporate Governance

Name of Person

Home Warranty of the Midwest, Inc.

Firm/Company

700 Universe Blvd.

Address

Juno Beach, FL 33409

City/State and Zip code

corporate-governance@nec.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cynthia Collado at (561) 691-2890
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. Home Warranty of the Midwest, 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. Iowa 3. 47-3198787
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 02/11/2015 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. 121 S. Story Street, Rock Rapids, IA 51246
(Principal office street address)

700 Universe Blvd., ATTN: LAW/JB, Juno Beach, FL 33408
(Current mailing address, if different)

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

Name: David M. Lee

Office Address: 700 Universe Blvd., ATTN: LAW/JB

Juno Beach, Florida 33408
(City) (Zip code)

FILED
2022 AUG 10 PM 12:52
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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.

David M. Lee
By: [Signature]
(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: Paul I. Cutler
 Vice Chairman Address: 700 Universe Blvd.
 Director Juno Beach, FL 33408
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Troy W. Rice
 Vice Chairman Address: 700 Universe Blvd.
 Director Juno Beach, FL 33408
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

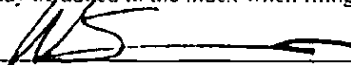
Chairman Name: W. Scott Seeley
 Vice Chairman Address: 700 Universe Blvd.
 Director Juno Beach, FL 33408
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

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 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. W. Scott Seeley, Secretary
(Typed or printed name and capacity of person signing application)

IOWA SECRETARY OF STATE
PAUL D. PATE



CERTIFICATE OF EXISTENCE

Issue Date: 8/9/2022

Name: HOME WARRANTY OF THE MIDWEST, INC. (490 DP - 494587)

Date of Incorporation: 2/11/2015

Duration: PERPETUAL

I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the corporation named on this certificate:

- a. The entity is in existence and duly incorporated under the laws of Iowa.
- b. All fees required under the Iowa Business Corporation Act due the Secretary of State have been paid.
- c. The most recent biennial report required has been filed with the Secretary of State.
- d. Articles of dissolution have not been filed.

Certificate ID: CS254939

To validate certificates visit:

sos.iowa.gov/ValidateCertificate

A handwritten signature in black ink that reads "Paul D. Pate".

Paul D. Pate, Iowa Secretary of State

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Home Warranty of the Midwest, 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:

ATTN: Corporate Governance

Name of Person

Home Warranty of the Midwest, Inc.

Firm/Company

700 Universe Blvd.

Address

Juno Beach, FL 33409

City/State and Zip code

corporate-governance@nee.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cynthia Collado

at (561) 691-2890

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