F17000000422

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:





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J. HARRIS

COVER LETTER

TO:	Registration Section					
	Division of Corpora Home Centric					
SUB.	JECT:	Realty life				
		Name of corporat	ion -	must include suffix	•	
Dear S	Sir or Madam:					
"Certi	ficate of Existence,"	by Foreign Corporation or "Certificate of Good S rporation to transact bus	Stand	ling" and check are sub		
	e return all correspond ny Rolleri	ence concerning this ma	itter 1	to the following:		
	Contain Bunka tan	Name	of P	erson		
Home	Centric Realty Inc					
1275 (Glenlivet Dr, Suite 100	Firm/C	Comp	any		
Allent	own, PA 18106	À	ddres	S		
anthor	nyr.bdr@gmail.com	City/Stat	te an	d Zip code		
]	-mail address: (to be us	ed fo	r future annual report i	notification)	
For fu	orther information con	cerning this matter, plea	se ca	dl:		
Anthony Rolleri		561 at (336-1179		
	Name of Person		Code	Daytime Telep	hone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclo	sed is a check for the	following amount:				
= \$7	0.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	0	\$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. Home Centric Realty Inc 1. (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) 81-4918695 2. (FEI number, if applicable) (State or country under the law of which it is incorporated) 01/03/2017 perpetual (Date of duration, if other than perpetual) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1275 Glenlivet Dr, Suite 100, PA 18106 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Anthony Rolleri Name: 200 Knuth Rd, Suite 100 Office Address: Boynton Beach

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.

(City)

(Registered agent's signature)

(Zip code)

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. Names and business addresses of officers and/or directors:

A. DIRI	ECTORS Anthony Rolleri		
Address:	200 Knuth Rd, Suite 100		
	Boynton Beach, FL 33436		
Vice Chai	irman:		
Address:			
Director:			
Address:			
Director:			
B. OFF President	Anthony Rolleri	<u></u>	
Address:	200 Knuth Rd, Suite 100		
	Boynton Beach, FL 33436	17	
Vice Pres	sident:	2	
		7 AM 10:	
Secretary	·	55	
Address:			····
Treasurer	r:		
Address:			
NOTE:	If necessary, you may attach an added tum to the application disting additional officers and/or direction and additional officers and additional o	ctors.	
The office	Signature of Director or Officer cer or director signing this document (and who is listed in number 11 above) affirms that the facts s		
a third d	and that he or she is aware that false information submitted in a document to the Department of Stategree felony as provided for in \$.817.155, F.S. hony Rolleri	te cor	nstitutes
13	(Typed or printed name and dapacity of person signing application)		 ·

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

01/23/2017

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT.

Home Centric Realty Inc

is duly registered as a Pennsylvania Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Secretary of the Commonwealth

Certification Number: TSC170123151665-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify.aspx