## F1800000057-8

(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:						
W17-99535						

Office Use Only

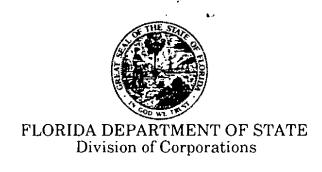


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December 18, 2017

CHAD SHULTZ, CPA 1450 FLAGLER AVE STE 2 JACKSONVILLE, FL 32207 US

SUBJECT: HOMETIGER, INC. Ref. Number: W17000099535

We have received your document for HOMETIGER, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 517A00025516

Yasemin Y Sulker Regulatory Specialist II

www.sunbiz.org

## **COVER LETTER**

TO:	Registration Section					
	Division of Corporations HomeTiger, Inc.					
SUBJ	ECT:					
		Name of corporati	on - m	ust include suffix		
Dear S	Sir or Madam:					
"Certi	nclosed "Application by For ficate of Existence," or "Cel referenced foreign corporat	tificate of Good Si	tandin	g" and check are sub		
Please Chad :	return all correspondence c Shultz, CPA	oncerning this mat	ter to	the following:		
Chad S	Shultz., CPA , PA	Name o	of Pers	son		
1450 F	-lagler Avenue, Suite 2	Firm/Co	əmpan	y		
Jackso	onville, Florida 32207	Ade	dress			
chad@	startupsepa.com	City/State	and Z	ip code		
	E-mail	address: (to be use	d for t	uture annual report	notification)	
For fu	rther information concerning	g this matter, pleas	e call:			
Chad Shultz 904			400-1238			
		at (	)			
	Name of Person	Area Co		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		
Enclos	sed is a check for the follow	ing amount:				
\$70		5 Filing Fee & ficate of Status		8.75 Filing Fee & ertified 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. HomeTiger, 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) Delaware 82-3262003 (State or country under the law of which it is incorporated) (FEI number, if applicable) October 13, 2017 (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 fiability) 333 Las Olas Way, Apt 412, Ft Lauderdale, FL 33301 (Principal office address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Chad Shultz Name: 1450 Flagler Avenue, Ste 2 fice Address: Jacksonville 32207 (City) (Zip code)

## Registered agent's acceptance:

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

(Registered agent's signature)

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

A. DIRECTORS Miro Morczinek Chairman: 333 Las Olas Way, Ft Lauderdale, FL 33301 Address: Vice Chairman: Address: \_ Director: \_\_ Address: Director: Address: \_\_\_\_ \_ \_\_\_\_\_ **B. OFFICERS** Miro Morczinek President: 333 Las Olas Way, Ft. Landerdale, FL ice President: ddress: cretary: \_ asurer; \_\_\_\_\_\_ TE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Miro Morczinek Signature of Director or Officer officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein rue and that he or she is aware that false information submitted in a document to the Department of State constitutes rd degree felony as provided for in s.817.155, F.S. Miro Morczinek Mire Merczinck

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



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "HOMETIGER, 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-SECOND DAY OF JANUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HOMETIGER, INC."

WAS INCORPORATED ON THE THIRTEENTH DAY OF OCTOBER, A.D. 2017.

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Authentication: 201989839

Date: 01-22-18