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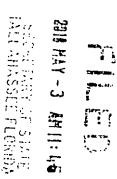
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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	

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J. HARRIS

COVER LETTER

_							
SUBJECT:	Hometown Lenders, Inc						
Dear Sir or M	ladam:						
"Certificate of	f Existence,	" or "Certificate o	f Good Star	ndi	ng" and check are subr		
Please return	all correspo	ndence concerning			_		
		Corporations lets. Inc lication by Foreign Corporation for Authorization to Transact Business in Florida." tence," or "Certificate of Good Standing" and check are submitted to register the oreign corporation to transact business in Florida. rrespondence concerning this matter to the following: Joe Wilson Name of Person Hometown Lenders. Inc. Firm/Company 310 The Bridge Street. 4th Floor, Suite A Address Huntsville/AL 35806 City/State and Zip code E-mail address: (to be used for future annual report notification) Ition concerning this matter, please call: 256 S28-8883 att. 256 Area Code Daytime Telephone Number COURIER ADDRESS: In Section Corporations Registration Section Division of Corporations Registration Section Division of Corporations Ring P.O. Box 6327 Tallahassee, Fl. 32314 for the following amount:					
	Name of corporation - must include suffix Madam: d "Application by Foreign Corporation for Authorization to Transact Business in Florida," of Existence," or "Certificate of Good Standing" and check are submitted to register the meed foreign corporation to transact business in Florida. In all correspondence concerning this matter to the following: Joe Wilson Name of Person Hometown Lenders, Inc. Firm/Company 310 The Bridge Street, 4th Floor, Suite A Address Huntsville/AL 35806 City/State and Zip code E-mail address: (to be used for future annual report notification) Information concerning this matter, please call: att. 256 Area Code Daytime Telephone Number REET/COURIER ADDRESS: Istration Section Sion of Corporations Sion of Corporations Sion of Corporations Sion of Corporations Division of Corporations Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, FL 32301 a check for the following amount: Illing Fee \$887.50 Filling Fee & \$878.75 Filling Fee & \$887.50 Filling Fee,						
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	_		Add	res:	S		
			Huntsvill	le/A	L 35806		
			City/State	ane	d Zip code		
		E-mail address:	(to be used	l fo	r future annual report r	notification)	
For further in	formation c	oncerning this ma	tter, please	cal	l:		
Joe Wilson		į	· -		828-8883		
Nam	e of Person		Area Co	 ode	Daytime Telep	phone Number	
Regis Divisi Clifto 2661	tration Section of Corp in Building Executive C	ion orations Center Circle			Registration S Division of C P.O. Box 632	Section orporations 7	
Enclosed is a	check for th	e following amou	nt:				
□ \$70.00 FiI	ing Fee	_				-	

Celtified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 26, 2018

KENNETH JOE WILSON, JR 310 THE BRIDGE ST, 4TH FL, SUITE A HUNTSVILLE, AL 35806

SUBJECT: HOMETOWN LENDERS, INC.

Ref. Number: W18000020731

2018 HAY -3 AH III: 45

We have received your document for HOMETOWN LENDERS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Signed letter indicating reason for removing the date first transacted business in Florida is missing.

The entity's date of incorporation/organization must be listed in the document.

Please return your document, along with 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.

Jenna D Harris Regulatory Specialist II

Letter Number: 718A00008682

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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 2, 2018

KENNETH JOE WILSON, JR 310 THE BRIDGE ST, 4TH FL, SUITE A HUNTSVILLE, AL 35806

SUBJECT: HOMETOWN LENDERS, INC.

Ref. Number: W18000020731

We have received your document for HOMETOWN LENDERS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$650.00.

The registered agent must sign accepting the designation.

Please return your document, along with 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.

Jenna D Harris Regulatory Specialist II

www.sunbiz.org

Letter Number: 718A00004325

Division of Communitions D.O. DOV 0207 Well-house Florida 2021

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.

	orporation; must include "INCORPORATED," "orp," "Inc," "Co," or "Corp,")	COMPANY," "CORPORATION,"	
(If name unavail:	able in Florida, enter alternate corporate name add	opted for the purpose of transacting busin	ess in Florida)
Alabama	3		
(State or countr 03/28/2000		(FEI number, if applicable)	
(Date	of incorporation) 5.	(Date of duration, if other than perpetual)	
	317018	12-15-2017	
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 Street, 4th Floor, Suite A. Huntsville, AL, 35806		
		office address)	
	(Current mailing	address, if different)	
. Name and stree	et address of Florida registered agent: (P.O.)	Box NOT acceptable)	25 25 25 25 25 25 25 25 25 25 25 25 25 2
Name:	INCORP SERVICES, INC.	_	
Office Address:	17888 67TH COURT NORTH		70.7 =
	LOXAHATCHEE	33470 , Florida	
	(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.

Registered agent's signature) SERVICES, INC.

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. DIRECTORS Chairman: Vice Chairman: Director: _ Address: ______ Director: **B. OFFICERS** he Bridge Strue 35806 Huntsully. Vice President: Address: ______ Secretary: Address: Treasurer: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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.

(Typed or printed name and capacity of person signing application)

John H. Merrill Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Hometown Lenders, Inc. was formed in Madison County, Alabama on March 28, 2000. The Alabama Entity Identification number for this entity is 669-229. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20180416000004464

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

04/16/2018

Date

X. M. Menill

John H. Merrill

Secretary of State