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DEFAULTMENT DESTITATION OF CORPORAL TALLAHASSEE FOR CONTRACT OF CO

B KINSEY MAY -7 2019



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

May 6, 2019

FL FILING

SUBJECT: HOMETOWN CONNECTIONS, INC

Ref. Number: W19000043629

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

Please assign each officer/director an address.,

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

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Brooke N Kinsey Regulatory Specialist II

Letter Number: 819A00009007

Places retain Original file date.

## FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 05-06-19

NAME: HOMETOWN CONNECTIONS, INC.

TYPE OF FILING: APPLICATION FOR AUTHORITY

COST:

70.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

### **COVER LETTER**

| -   | on Section<br>of Corporations  |               |  |  |  |
|---|--|---------------|--|--|--|
|   | netown Connections, Inc  |               |  |  |  |
| SUBJECT:  | Name of  | corporation   | - must include suffix  | ·  |  |
| Dear Sir or Madar   | n:   |               |  |  |  |
| "Certificate of Exi   | olication by Foreign Corp<br>stence," or "Certificate or<br>oreign corporation to tran | f Good Star   | ding" and check are subr   |  |  |
| Please return all co  | orrespondence concerning   | this matter   | to the following:  |  |  |
| Tim Blodgett  |  |               |  |  |  |
|   |  | Name of       | Person   |  |  |
| Hometown Connect  | ions, Inc.   |               |  |  |  |
|   |  | Firm/Com      | pany   |  |  |
| 12081 W Alameda I   | arkway, #464   |               |  |  |  |
|   |  | Addre         | SS   | <del></del>  |  |
| Lakewood, CO 802  | 28   |               |  |  |  |
|   | (  | City/State ar | ıd Zip code  | <u></u>  |  |
| tblodgett@hometow   | nconnections.com   |               |  |  |  |
|   | E-mail address: (1   | to be used f  | or future annual report no   | otification)   |  |
| For further informa   | tion concerning this matt  | er, please c  | all:   |  |  |
| Monty Hanks 916 78  |  | 781-4244      | 781-4244   |  |  |
| Name of F   |  | Area Code     |  | one Number   |  |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Enclosed is a check for the following amount: |  |               | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |  |  |
| S70.00 Filing Fo  | ū  | ee & 🗇        | \$78.75 Filing Fee & Certified Copy  | ☐ \$87.50 Filing Fee,<br>Certificate of Status &<br>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.

| Hometown Co.                      | nnections, Inc.   |  |   |  |             |
|-----------------------------------|---|--|---|--|-------------|
|                                   | corporation; must include "INCORPORATE<br>Corp." "Inc," "Co," or "Corp.") | :D,"   | "COMPANY," "CORPORATION,"                 |  |             |
| (If name unavai                   | lable in Florida, enter alternate corporate nar                           | ne a   | dopted for the purpose of transacting bus | iness in Florid                        | a)          |
| Delaware<br>2.                    |   | 3  | 82-5000592                                |  |             |
|                                   | ry under the law of which it is incorporated)                             | <b>J</b> . ,                                   | (FEI number, if applicable)               |  |             |
| 4. 3-27-1                         | 8   | 5.   |   |  |             |
| (Date                             | e of incorporation)   | 5. (Date of duration, if other than perpetual) |   | erpetual)                              |             |
| n/a<br>6.                         |   |  |   |  |             |
| /. <u></u>                        | da Parkway, # 464 Lakewood, CO 80228 (Prin                                | cipa   | l office address)                         |  | <del></del> |
|                                   | (Current ma   | iling  | address, if different)                    | ······································ | <del></del> |
| 8. Name and <u>stree</u><br>Name: | et address of Florida registered agent: (I<br>NRAI Services, Inc.         | P.O.   | Box NOT acceptable)                       | 2919 F.S.Y                             |             |
| Office Address:                   | 1200 South Pine Island Road   |  |   | دار                                    | ,           |
|                                   | Plantation  |  | , Florida <sup>33324</sup>                |  |             |
|                                   | (City)  |  | (Zip code)                                | 9: 39                                  | •           |

#### 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.

NRAI Services, Inc.

By: Mi PIM ASSI Secretary
(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. Names and business addresses of officers and/or directors:

| A. DIR         | ECTORS   |                |            |
|----------------|--|----------------|------------|
| Chairman       | Randy Howard   |                |            |
| Address:       | 651 Commerce Drive   |                |            |
|                | Roseville, CA 95678  |                |            |
| Vice Cha       | Duncan Kincheloe   |                |            |
| Address:       | 1808 Interstate 70 Dr SW   |                |            |
|                | Columbia, MO 65203   |                |            |
| Director:      | Marc Gerken  |                |            |
| Address:       | 1111 Schrock Road, Suite 100   |                |            |
|                | Columbus, OH 43229   | <u>-</u> -     |            |
| Director:      | Ken Nolan  |                |            |
| Address:       | PO Box 126 5195 Waterbury-Stowe Road   | <u></u>        |            |
|                | Waterbury Center, Vermont 05677  |                |            |
| B. OFF         | ICERS  |                |            |
| President:     | Tim Blodgett, CEO  | <u> </u>       | 1-1,0      |
| Address:       | 12081 W Alameda Parkway, #464 Lakewood, CO 80228   | 15 Y -         |            |
| Wine Deep      |  | <del>- 2</del> | <u> </u>   |
|                | ident:   |                | ŧ          |
| Address.       |  | ည္အ            |            |
| Secretary:     |  |                | · <u> </u> |
| Address:       |  |                |            |
|                | Monty Hanks, CFO   |                |            |
|                | 651 Commerce Drive Poseville CA 95678  |                |            |
|                | If necessary, you may at ach an Adendum to the application listing additional officers and/  | or director    | ·S.        |
| are true a     | Signature of Director or Officer er or director signing this document (and who is listed in number 11 above) affirms that the nd that he or she is aware that false information submitted in a document to the Department gree felony as provided for in s.817.155, F.S. |                |            |
| 13. <u>Mon</u> | ty Hanks, CFO  |                |            |
|                | (Typed or printed name and capacity of person signing application)   |                |            |



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

DELAWARE, DO HEREBY CERTIFY "HOMETOWN CONNECTIONS, 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 THIRD DAY OF MAY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS AN EXEMPT CORPORATION.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HOMETOWN CONNECTIONS, INC." WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF MARCH, A.D. 2018.

TAY'S OF THE PARTY OF THE PARTY

Authentication: 202760215

Date: 05-03-19