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(F	Requestor's Name)	
(A	address)	
(A	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	MAIT	MAIL
(E	Business Entity Name)	
([Ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions t	o Filing Officer:	
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AUG 13 2021 M. SOLOMON

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: ResiAmerica, Inc.				
	lame of corporation -	must include suffix		
Dear Sir or Madam:				
The enclosed "Application by Forei "Certificate of Existence," or "Certi above referenced foreign corporation	ficate of Good Stand	ing" and check are subm		
Please return all correspondence con	acerning this matter t	o the following:		
Corey Hamilton				
	Name of P	erson	-	
ResiAmerica, Inc.				
	Firm/Comp	any		
11 S Orleans St				
	Addres	S	<u>-</u>	
Memphis, TN 38103				
	City/State and	đ Zip code	-	
accounts@resiamerica.com				
E-mail a	ddress: (to be used fo	r future annual report no	tification)	
For further information concerning	this matter, please ca	II:		
Corey Hamilton	901 at (831-4165		
Name of Person	Area Code	Daytime Telepho	one 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		
	ĎA DEPARTMENT (DF STATE \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status of 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.

L(Enter name of c	orporation: must include "INCORPORATED," "C	OMPANY," "CORPORATION.			
	orp," "Inc," "Co," or "Corp,")				
(If name unavail	able in Florida, enter alternate corporate name adop	ted for the purpose of transacting	business in Florida)		
Delaware	ry under the law of which it is incorporated) 83-3995057 (FEI number, if applicable)				
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)			
03/15/2019	5				
(Date	of incorporation)	(Date of duration, if other than perpetual)			
) <u>.</u>					
-	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502.	rida, if prior to registration) F.S., to determine penalty liability	y)		
11 S Orleans St, I	Memphis. TN 38103				
·	(Principal office st	reet address)			
	(Current mailing ad	dress, if different)	2021		
		NOT III	2021 AUG 11		
s. Name and stree	et address of Florida registered agent: (P.O. Bo	ox <u>NOT</u> acceptable)			
Name:	LEGALINC CORPORATE SERVICES INC.	-	II AM S		
Office Address:	5237 Summerlin Commons, Suite 400	_	## 9: 07:51:00:00:00:00:00:00:00:00:00:00:00:00:00		
	Fort Myers	- . Florida ³³⁹⁰⁷	JG 11 AM 9: 13 E DANY DE STALE La aser en denom		
	(City)	(Zip code)			
). Registered ago	ent's acceptance:				
	ed as registered agent and to accept service o				
	application, I hereby accept the appointment omply with the provisions of all statutes relati				
	with and accept the obligations of my positio				
	Wesley Dolar (Registered agent's signat	ı			
_	(Pagistars Vauant's signat	ura)			

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

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

A. DIRECTORS		•	•			
□Chairman	Name: Dustin Hamilton	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
Director	Memphis, TN 38103	□Director				
□President		□President				
□Vice President		□Vice President				
☐ Secretary	□Treasurer	Secretary		□Treasurer		
□Other	Other	□Other		Other		
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		□Director				
□President		□President				
□Vice President		□Vice President				
☐ Secretary	□Treasurer	□Secretary		□Treasurer		
Other	□Other	□Other		Other		
				2021		
□Chairman	Name:	□Chairman	Name:	7		
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		□Director		<u> </u>		
□President		□President		<u> </u>		
□Vice President	_	□Vice President				
☐Secretary	□Treasurer	☐ Secretary		□Treasurer		
Other	Other	□Other		□Other		
individuals may be	Use an attachment to report more than six (6). The attace added to the index when filing your Florida Department			rposes only. Non-indexed		
12. Signature of Director or Officer						
The officer or direct she is aware that fas.817.155, F.S.	ctor signing this document (and who is listed in number alse information submitted in a document to the Departi	11 above) affirms the	at the facts stated ites a third degree	herein are true and that he or felony as provided for in		



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

DELAWARE, DO HEREBY CERTIFY "RESIAMERICA, 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 NINTH DAY OF AUGUST, A.D. 2021.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RESIAMERICA,

INC." WAS INCORPORATED ON THE FIFTEENTH DAY OF MARCH, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 203875307

Date: 08-09-21