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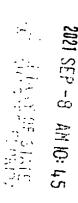
	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
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SEP 10 2021 M. SOLOMON

COVER LETTER

	gistration Section vision of Corporations			
SUBJEC	T: TEND HOME, INC.			
SCHOLC		poration - mu	st include suffix	
Dear Sir o	r Madam:			
"Certificat	sed "Application by Foreign Corpora e of Existence," or "Certificate of G renced foreign corporation to transac	ood Standing"	and check are submitt	
Please retu	ırn all correspondence concerning th	is matter to th	e following:	
Joey Guari	no			
	1	Name of Perso	n	
Bankers Fir	nancial Corporation			
	F	irm/Company		
11101 Roo	sevelt Boulevard North			
		Address		
St. Petersbu	urg, FL 33716			
	Cit	y/State and Zi	p code	
LegalAdmi	in@bankersfinancialcorp.com			
	E-mail address: (to	be used for fu	ture annual report notif	ication)
For further	r information concerning this matter.	, please call:		
Joey Guari	Guarino at (727) 423-0127			
N		rea Code	Daytime Telephon	e Number
Re Di Th 24	rreet/Courier address: egistration Section ivision of Corporations ne Centre of Tallahassee 15 N. Monroe Street, Suite 810 nillahassee, FL 32303		MAILING ADD Registration Secti Division of Corpo P.O. Box 6327 Tallahassee, FL	on orations
Please make	s a check for the following amount: e check payable to: FLORIDA DEPAF Filing Fee	& □ \$78		■ \$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.

me., со., с	orp," "Inc," "Co," or "Corp.")			
(If name unavails	able in Florida, enter alternate corporate nam	e adopted for the purpose of transacting	business in Florida)	
Delaware				
(State or country under the law of which it is incorporated)		(FEI number, if app	(FEI number, if applicable)	
September 2, 20)21	5.		
	of incorporation)	(Date of duration, if other th	(Date of duration, if other than perpetual)	
11101 Rooseveli		in Florida, if prior to registration) 1502, F.S., to determine penalty liability	y)	
	(Principal o	ffice street address)		
			:	
	(Current mai	ling address, if different)		
. Name and <u>stree</u>	et address of Florida registered agent: (P	O. Box <u>NOT</u> acceptable)	\$7.52 1.52 1.53 1.50	
Name:	C T Corporation System			
ffice Address:	1200 South Pine Island Road			
	Plantation,	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.

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

A. DIRECTORS					
□Chairman	Name:	□Chairmaл	Name: Richard G Torra 11101 Roosevelt Blvd N. Address: St. Petersburg, FL 33716		
□Vice Chairman	Address:Address:	□Vice Chairman			
□Director	St. Petersburg, FL 33716	□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 : 202	
□Other	Other	Other		□Other <u> </u>	
				25 6	
□Chairman	Name:	□Chairman	Name:	<u> </u>	
□Vice Chairman	Address:	□Vice Chairman	Address:	<u> </u>	
□Director		□Director			
□President		□President		<u> </u>	
□Vice President	<u> </u>	□Vice President		<u> </u>	
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer	
□Other	Other	□Other		□Other	
Important Notice: individuals may be	Use an attachment to report more than six (6). The added to the index when filing your Florida Dep	ne attachment will be image partment of State Annual Ro	d for reportin	g purposes only. Non-indexed	
12. /s/ Richard 0	G Torra	0.00			
	Signature of Dire				
The officer or direction is aware that fars. 817.155, F.S.	ctor signing this document (and who is listed in nalse information submitted in a document to the L	number 11 above) affirms the Department of State constitution	at the facts st ites a third de	ated herein are true and that he care felony as provided for in	
Richard G T	orra Secretary				



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

DELAWARE, DO HEREBY CERTIFY "TEND HOME, 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 SECOND DAY OF SEPTEMBER, A.D. 2021.

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

WAS INCORPORATED ON THE SECOND DAY OF SEPTEMBER, A.D. 2021.

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



Authentication: 204077173

Date: 09-02-21

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