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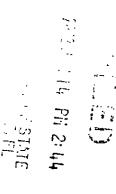
(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Certified copies
Special Instructions to Filing Officer:
Special mandelions to raining officer.

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Office Use Only



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2022 JAH 14 PH 3:43

S. HAWKES

CORPORATION SERVICE COMPANY 1201 Hays Street

CONTACT PERSON: Eyliena Baker -- EXT#

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

		ACCOUNT	NO.	:	12000000	195	
		REFERI	ENCE	:	378323	7327806	
		AUTHORIZA	rion :	:	Smell .	Residen	
		COST L	MIT:	: :	\$ 70.00	White	
ORDER DA	ATE :	January 14,	2022			· • • • • • • • • • • • • • • • • • • •	
ORDER T	IME :	2:29 PM					
ORDER NO	Э. :	378323-005					
CUSTOME	R NO:	7327806					
						. 	
		FORE:	GN FII	LIN	<u>GS</u>		
I	NAME:	HOMEGENI	JS INC.	•			
IQ XXXX	UALIFIC	ATION (TYI	PE: <u>CO</u>))			
PLEASE I	RETURN	THE FOLLOWIN	IG AS E	PRO	OF OF FIL	ING:	
		TED COPY	,				
<u>XX</u>		STAMPED COPY CICATE OF GOO		NDI	1G		

EXAMINER:

COVER LETTER

TO:	Registration Division of	n Section Corporations			
CHD	JECT:	homege	enius Inc.		
SUD	ECI	Name of	corporation - mt	ist include suffix	
Dear S	Sir or Madam	:			
"Certi	ficate of Exis	lication by Foreign Corp tence." or "Certificate o oreign corporation to tra	f Good Standing	and check are subn	Business in Florida." nitted to register the
Please	e return all co	rrespondence concerning	g this matter to th	ne following:	
		Tami Bohm			
		homegenius Inc.	Name of Person	on	
			Firm/Company	·	
		550 E. Swedesford Rd	#350		
	•		Address	<u>, </u>	
		Wayne, PA 19087			
	<u> </u>		City/State and Z	ip code	
		regulatory@radian.co			
		E-mail address:	(to be used for fi	iture annual report n	otification)
For fu	arther informa	ition concerning this ma	itter, please call:		
	Tami Bohm	3	nt (215 _)_	231-1335	
	Name of F	Person	at (<u>215</u>) _ Area Code	Daytime Teleph	ione Number
	Registration Division on The Centre 2415 N. M	COURIER ADDRESS on Section of Corporations of Tallahassee conroe Street, Suite 810 e, FL 32303	:	MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee. F	ection orporations 7
Please	nsed is a check make check p 70.00 Filing F	k for the following amore ayable to: FLORIDA DE ee	PARTMENT OF SFee & 1 \$7	STATE 8.75 Filing Fee & crtified 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.

, homeg	enius Inc.		
	poration: must include "INCORPORATED," o," "Inc." "Co," or "Corp.")	"COMPANY." "CORPORATI	ION."
homego	enius by Radian		
(If name unavailabl	e in Florida, enter alternate corporate name ac		-
Delaware	ander the law of which it is incorporated)	87-2358045	
(State or country t	inder the law of which it is incorporated)	(FEI number, if	applicable)
08/24/26	021 5.		
(Date of	incorporation)	(Date of duration, if oth	er than perpetual)
N/	/A		
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150		bility)
	550 E. Swedesford Rd., #350		
	(Principal office	street address)	<u> </u>
	Wayne, PA 19087		
	(Current mailing	address, if different)	** 1
Name:	address of Florida registered agent: (P.O. Corporation Service Company	Box <u>NOT</u> acceptable)	14 PH 2:44
ffice Address:	1201 Hays Street	<u> </u>	2 2
_	Tallahassee	, Florida	一样 主
	(City)	(Zip code)	747 🛥
signated in this ap rther agree to com	t's acceptance: as registered agent and to accept service oplication, I hereby accept the appointme uply with the provisions of all statutes rel ith and accept the obligations of my posi	ent as registered agent and a ative to the proper and comp tion as registered agent.	gree to act in this capacity.
	(Registered agent's sign	nature)	
	, , , , , , ,	•	

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: Richard Thornberry 550 E. Swedesford Rd., #350.	□Chairman	Name: Edward J. Hoffman 550 E. Swedesford Rd., #350,	
□Vice Chairman	Address: Wayne, PA 19087	□Vice Chairman	Address: Wayne, PA 19087	
⊠ Director	Richard Thomberry	∏Director	Edward J. Hoffman	
⊠ President	Richard Thornberry	□President		
□Vice President		□Vice President		
□ Secretary	□Treasurer	Secretary Edwa Edwa	rd J. Hotlman □Treasurer	
□Other	Other	□Other	Other	
□Chairman □Vice Chairman	Name: Derek Brummer 550 E. Swedesford Rd #350, Address: Wayne, PA 19087 Derek Brummer	□Chairman □Vice Chairman ĎDirector	Name: Brien McMahon 550 E. Swedesford Rd., #350, Address: Wayne, PA 19087 Brien McMahon	
		_		
□President Executive Vice President	Derek Brummer	□President Executive Vice President	Brien McMahon	
☐ Secretary	□Treasurer	☐ Secretary	☐ Treasurer	
□Other	Other	□Other	Other	
□Chairman □Vice Chairman	J. Franklin Hall Name: 550 E. Swedesford Rd., #350, Address: Wayne, PA 19087	□Chairman □Vice Chairman	Name: Tami Bohm 550 E. Swedesford Rd., #350, Address: Wayne, PA 19087	
∏Director	J. Franklin Hall	□Director		
□President		□President		
Executive \(\Sigma \) Vice President	J. Franklin Hall	 Vice President	Tami Bohm	
□Secretary	□Treasurer	Assistant Secretary	□Treasurer	
₩Other <u>CFO</u>	Other	□Other	Other	
individuals may be	Jse an attachment to report more than six (6). The attached to the index when filing your Florida Department January G. Bolina.	nt of State Annual Re		
	Signature of Director or	Officer		
	etor signing this document (and who is listed in number lise information submitted in a document to the Departm			
13	Tami A. Bohm, Assistant Secretary	<u> </u>		
(Typed or printed name and capacity of person signing application)				

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "HOMEGENIUS 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 FOURTEENTH DAY OF JANUARY, A.D. 2022.

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

WAS INCORPORATED ON THE TWENTY-FOURTH DAY OF AUGUST, A.D. 2021.

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



Jeffrey W. Bullock, Secretary of State

Authentication: 202401065

COVER LETTER

	egistration Section Division of Corporations			
SUBJEC	homegenius Inc.			
.,	Name of corporation -	must include suffix		
Dear Sir	or Madam:			
Certifica	osed "Application by Foreign Corporation for A ate of Existence," or "Certificate of Good Stand Perenced foreign corporation to transact business	ling" and check are submitted to register the		
Please re	turn all correspondence concerning this matter t	to the following:		
	Tami Bohm			
	Name of P	erson		
	homegenius Inc.			
-	Firm/Comp	pany		
	550 E. Swedesford Rd., #350			
	Addres	58		
	Wayne, PA 19087			
	City/State an	d Zip code		
	regulatory@radian.com			
	E-mail address: (to be used for	or future annual report notification)		
For furth	er information concerning this matter, please ca	ıll:		
Tai	ni Bohm at (_215	231-1335		
	Name of Person Area Code	Daytime Telephone Number		
F D T 2	RETREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Please ma	is a check for the following amount: ke check payable to: FLORIDA DEPARTMENT Filing Fee	OF STATE \$78.75 Filing Fee & Certified Copy S87.50 Filing Fee, Certificate of Status		