# F7200000 3986

(Re	equestor's Name)	
(Ac	ddress)	<del></del>
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	 e #)
PICK-UP	Mait	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		:

Office Use Only



300390051343

2022 JUN 24 AM 9: 43

RECEIVED
2022 JUN 24 PM 3: 30

## Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

### **ORDER FORM**

Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303 corphelp@dos.myflorida.com 850-245-6051 FROM

Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE 06/24/2022 ORDER

PRIORITY

Routine

OUR REF # (Order ID#) Courtney

ENTITY

Unlisted Homes, Inc.

#### PLEASE PERFORM THE FOLLOWING SERVICES:

Unlisted Homes, Inc.

Please file the attached qualification document.

NOTES:

\$70.00 Authorized

Email address for annual report reminders: dabernathy@orrick.com

**RETURN/FORWARDING INSTRUCTIONS:** 

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

# 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.

(If name unavails	able in Florida, enter alternate corporate nan	ie ad	opted for the purpose of transacting bu	siness in F	lorida)
Delaware		3.	88-2062679		
(State or country under the law of which it is incorporated) (FEI number, if applicable)		ıble)			
04/25/2022		5			
(Date of incorporation) 5. (Date of duration, if other than		an perpetual)			
			lorida, if prior to registration) 2. F.S., to determine penalty liability)		
1032 F. Brandon	Blvd., Brandon, FL 33511	. 1.50.	2, r.s., to determine penalty hability)	至实	2022
		ffice	street address)	]= _ ·	
	(Tracipal o	711100	street address;	3* 2* 31. 3** 3** 3**	JUN 214
	(Current mai	ling	address, if different)		<u>-</u>
	`	٥		-,	=
Name and street	et address of Florida registered agent: (F	P.O.	Box NOT acceptable)		Ģ.
Name	C T Corporation System		•		ည်
Name:					
ffice Address:	1200 South Pine Island Road		<u> </u>		
	Plantation		. Florida 33324		
	(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.

Scott White, 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.

#### A. DIRECTORS Yael Lederman □ Chairman ☐ Chairman Name: 1032 E. Brandon Blvd. □Vice Chairman Address: □Vice Chairman Address: \_\_\_\_\_ Brandon, FL 33511 ■ Director □Director President □President □ Vice President □ Vice President ☐Treasurer □Treasurer Secretary □ Secretary ■Other <u>CEO</u> □Other \_\_\_\_\_ □Other \_\_\_\_ □Other \_\_\_\_\_ Name: \_\_\_\_\_ □ Chairman Name: \_\_\_\_\_ □Chairman □ Vice Chairman Address:\_\_\_\_\_ □ Vice Chairman Address: □ Director □ Director ☐ President □President ☐ Vice President ☐ Vice President □ Secretary □ Treasurer □ Secretary □ Treasurer □ 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 \_\_\_\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 12. Yael Jederman Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) aftirms 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.

Yael Lederman, CEO



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

DELAWARE, DO HEREBY CERTIFY "UNLISTED HOMES, 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 TWENTY-SECOND DAY OF JUNE, A.D.

2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "UNLISTED HOMES, INC." WAS INCORPORATED ON THE TWENTY-FIFTH DAY OF APRIL, A.D. 2022.

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

Authentication: 203736380

Date: 06-22-22