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S. FRANKLIN DEC 13 2022

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	Hearthside	Home	Services	Professional	Corpor
	orporation; must include "INCORPORA orp," "Inc," "Co," or "Corp,")	TED," "CON	IPANY," "CORPORA	TION."	<del>-</del> '
	ble in Florida, enter alternate corporate	name adopted	for the purpose of trans	acting business in Florida	)
	Minois	3	26 - 0157113 (FEI number, if applicable)		
	1 My 22, 2007 of incorporation)	5		· · · · · · · · · · · · · · · · · · ·	_
(Date	of incorporation)		(Date of duration, if o	ther than perpetual)	
	(Date first transacted busing (SEE SECTIONS 607.1501 & control of the control of				_
<del></del>	(SEE SECTIONS 607.1301 & 1	eons S	St. Tamp	n FL 33620	<u> </u>
	(Current	mailing addre	ss, if different)	<u> </u>	_
Name and stree	<u>t address</u> of Florida registered agent:			70	
Name:	Lisa McIntyre			P;; 6: 23	)
ffice Address:	Lisa McIntyre 3616 W. Leona !  Tampa (City)	. 12		_	
	Tampa		Florida 33629	7	
	(City)		(Zip code)	_	
aving been name signated in this rther agree to co	nt's acceptance: ed as registered agent and to accept application, I hereby accept the app amply with the provisions of all state with and accept the obligations of n	pointment as utes relative	registered agent and to the proper and cor	agree to act in this cap	acity. I

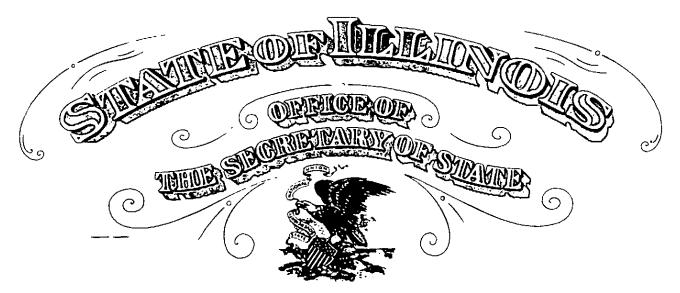
11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

A. DIRECTORS				
Chairman	Name: LISA Meintyre	□Chairman	Name:	
□Vice Chairman	Address: 3616 W. Leona St.	□Vice Chairman	Address:	
Ş Director	Tanpa FL 33629	□Director		
President		□President	<del></del>	
□Vice President		□Vice President		
(ASecretary	☼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
□Chairman	Name:	□ Chairman	Name:	; t
□Vice Chairman	Address:	□Vice Chainnan	Address:	<u>-n</u>
□Director	<u> </u>	□Director	- <del></del>	· ·
□President	7, 7,000	□President		~3 Q2
□Vice President		□Vice President		
□Secretary	□Treasurer	☐ Secretary		□Treasurer
□Other	Other	□Other		□Other
	Use an attachment to report more than six (6). The att added to the index when filing your Florida Departn			purposes only. Non-indexed
12	f: 1 = -		-	
1 <b>č</b> .	Signature of Director	or Officer		
	ctor signing this document (and who is listed in numb lise information submitted in a document to the Depa	er 11 above) affirms t	hat the facts stat	ed herein are true and that he or
13	(Typed or printed name and capacity of per	yrc Pres	sident	
	(Typed or printed name and capacity of per	son signing application	1)	

## File Number

6556-336-3



## To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

HEARTHSIDE HOME SERVICES P.C., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 22, 2007, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE. IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 28TH day of NOVEMBER A.D. 2022 .

Authentication #: 2233204868 verifiable until 11/28/2023

Authenticate at: https://www.ilsos.gov

Desse White

SECRETARY OF STATE