## F23000001532

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
<u> </u>
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:(	03/16/2023	
Name:	Merritt Walker	<del></del>
	1934987	<del></del>
	НОМЕ	PATIBLE INC.
	s of Incorporation/Authorizatio	
☐ Ameno	Iment	
☐ Chang	e of Agent	
Reinsta	atement	
Conve	rsion	
☐ Merger	•	
Dissolu	ution/Withdrawal	
Fictition	us Name	
✓ Other_	CERTIFIED CO	PY OF THE FILING EVIDENCE
Authorized Ar	nount: <b>\$78.75</b>	
Signature:	мин	

F: 800.944.6607

F: •852.2682.9790

#### **COVER LETTER**

TO:	Registration Section Division of Corporat	ions					
SHRI	JECT:		Homepat	ble Inc.			
3000	LC1.	Name of corpora	ation - mus	t include suffix			
Dear S	Sir or Madam:						
"Certi	nclosed "Application by ficate of Existence," or referenced foreign cor	"Certificate of Good	Standing"	and check are subm			
Please	return all corresponde	nce concerning this m	atter to the	following:			
		Eileen	C. Downe	3			
	740 0	Name	e of Person	1			
		Katten Muchi	n Rosenm	an LLP			
		Firm/	Company		<del> </del>		
		525 W Mon	roe St Ste	1900			
		Λ	ddress				
		Chicag	o, IL 6066	1			
		City/Sta	ite and Zip	code			
	E-	mail address: (to be us	sed for futi	ire annual report no	tification)		
For fu	rther information conce	erning this matter, plea	ase call:				
	Eileen C. Downes	at (	12)	577-82	15		
	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			
Please	sed is a check for the formake check payable to: 10.00 Filing Fee		□ \$78.	FATE 75 Filing Fee & ified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy		

under the law of which it is incorporated.

### 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 unavailab	ole in Florida, enter alternate e	•		N/A	ig business in	Florida	)
2.	under the law of which it is in	3. <u> </u>	(FEI number, if applicable)				_
(State of country	February 21, 2023			•			
4	r incorporation)	5	(Date o	t'duration, if other	than pernetua	11	_
(Date to	i incorporation)	N/A	(Date ()	r duration, ir other	man perpetua	1,	
5	Date first transa	cted business in F	logida if prior	to registration)			_
	(SEE SECTIONS 607				ityı		
7.	5660 Strand	Court, Unit A201	, Naples, FL	34110			
· ·		(Principal office	street address)	)			
	444 Lake Co	ok Rd, Suite 14,	Deerfield, IL	60015		~ `	
		(Current mailing a	ddress, if diffe	rent)	٠	1623	_
8. Name and street	address of Florida register	~	Box <u>NOT</u> acc	ceptable)		HAR 16	
Name:	Legalinc Corporate	Services Inc.			•	=	
Office Address:	476 Riverside	e Ave.				5: Hd	
	Jacksonvi	lle	. Florida	32202		61	
	(City)		, Florida _	(Zip code)			
designated in this a further agree to coi	•	o accept service t the appointmen f all statutes rela	of process fo it as registere tive to the pro ion as registe	r the above state od agent and agr oper and comple	ee to act in t	his cap	acity

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

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

#### DocuSign Envelope ID: 51E3C069-59BC-4554-8D42-F3F9A448C66B

#### A. DIRECTORS Matthew Palmieri □ Chairman □ Chaiπnan Name: Name: 407 Brierhill Rd. □Vice Chairman Address: □Vice Chairman Address: Deerfield, IL 60015 Director □ Director President President ☐ Vice President □Vice President ■ Secretary □Treasurer □ Secretary Treasurer □Other \_\_\_\_\_ □Other \_\_\_\_ □Other \_\_\_\_\_ Other \_\_\_\_ □ Chairman □Chairman Name: 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: \_\_\_\_\_ □Vice Chairman Address: \_\_\_\_\_ □Vice Chairman Address: Director □ Director □ President □ President □ Vice President □ Vice President □Treasurer ☐ Secretary □Treasurer ☐ Secretary □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. Matthew Palmieri Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms 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.

Page 1

# Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "HOMEPATIBLE 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 FIFTEENTH DAY OF MARCH, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HOMEPATIBLE INC." WAS INCORPORATED ON THE TWENTY-SECOND DAY OF MARCH, A.D. 2021.

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

Authentication: 202926372

Date: 03-15-23

5595081 8300 SR# 20231011987