

To:

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From: David Thomas

6/6/23, 12:59 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954)208-0845
Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: letha.sanders@frontdoor.com

FOREIGN PROFIT/NONPROFIT CORPORATION

Frontdoor Premium, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

FILED
2023 JUN -6 PM 2:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

Help

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.*

1. Frontdoor Premium, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware

(State or county under the law of which it is incorporated)

3. 92-1595660

(FEI number, if applicable)

4. 12/29/2022

(Date of incorporation)

5. Perpetual

(Date of duration, if other than perpetual)

6. Upon Qualification

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 3400 Players Club Parkway Suite 300, Memphis, TN 38125-1731

(Principal office street address)

same

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

, Florida 33324

(Zip code)

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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.

C T Corporation System

By: Sherry McGinnis

(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: William C. Cobb

☐ Vice Chairman Address: 3400 Players Club Parkway Suite 300

☒ Director Memphis, TN 38125-1731

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☒ Other Chief Executive Officer ☐ Other _____

☐ Chairman Name: Chastitie S. Brim

☐ Vice Chairman Address: 3400 Players Club Parkway Suite 300

☐ Director Memphis, TN 38125-1731

☐ President _____

☒ Vice President _____

☐ Secretary ☐ Treasurer

☒ Other Controller ☐ Other _____

☐ Chairman Name: Jeffrey A. Fiarman

☐ Vice Chairman Address: 3400 Players Club Parkway Suite 300

☒ Director Memphis, TN 38125-1731

☐ President _____

☐ Vice President _____

☒ Secretary ☐ Treasurer

Senior VP and

☒ Other General Counsel ☐ Other _____

☐ Chairman Name: Tracy L. Clarke

☐ Vice Chairman Address: 3400 Players Club Parkway Suite 300

☐ Director Memphis, TN 38125-1731

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☒ Other Vice President - Tax ☐ Other _____

☐ Chairman Name: Jessica P. Ross

☐ Vice Chairman Address: 3400 Players Club Parkway Suite 300

☒ Director Memphis, TN 38125-1731

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

Senior VP & Chief Financial

☒ Other Officer ☐ Other _____

☐ Chairman Name: Matthew S. Davis

☐ Vice Chairman Address: 3400 Players Club Parkway Suite 300

☐ Director Memphis, TN 38125-1731

☐ President _____

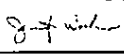
☒ Vice President _____

☐ Secretary ☒ Treasurer

☐ Other _____ ☐ Other _____

SEE ATTACHMENT

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. 
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 §817.155, F.S.

13. Jennifer L. Woods, Vice President
(Typed or printed name and capacity of person signing application)

**Attachment to Florida
Officers & Directors**

1 Full Name:	Jennifer L. Woods
Officer/Director:	Officer
Officer's Title:	Vice President & Assistant Secretary
Director's Title:	
Business Address:	3400 Players Club Parkway Suite
City:	300 Memphis
State:	TN
ZIP Code:	38125-1731

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FRONTDOOR PREMIUM, 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 THIRTY-FIRST DAY OF MAY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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



7210809 8300

SR# 20232577548

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203454856

Date: 05-31-23