

**F230000006825**

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 : CAPITOL SERVICES, INC.  
Account Number : I20160000017  
Phone : (855)498-5500  
Fax Number : (800)432-3622

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

Email Address: \_\_\_\_\_

**FOREIGN PROFIT/NONPROFIT CORPORATION  
HOMETOWN SERVICE FLORIDA INC.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

2023 DEC -8 PM 2:57  
SECRETARY OF STATE  
TALLAHASSEE, FL

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HomeTown Service Florida Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Name of Person  
Capitol Services - Corporate Filings Team  
Firm/Company  
515 East Park Avenue 2nd Fl  
Address  
Tallahassee, FL 32301  
City/State and Zip code  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person at ( 855 ) 498-5500  
Area Code Daytime Telephone 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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- ☐ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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

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*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. HomeTown Service Florida 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 3. 93-4746076  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 12/5/2023 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)
6. 12/8/2023  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 100 Crescent Court, Suite 1700, Dallas, Texas 75201  
(Principal office street address)
- \_\_\_\_\_  
(Current mailing address, if different)

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

Name: Capitol Corporate Services, Inc.

Office Address: 515 East Park Avenue 2nd Fl

Tallahassee, Florida 32301  
(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.*

Sadi Boyette, Assistant Secretary on behalf  
of Capitol Corporate Services, Inc.

Sadi Boyette  
(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]:

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TALLAHASSEE, FL

**A. DIRECTORS**

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☒ **Chairman** Name: Randall Fojtasek  
☐ **Vice Chairman** Address: 100 Crescent Court  
☐ **Director** Suite 1700  
☒ **President** Dallas, Texas 75201  
☐ **Vice President** \_\_\_\_\_  
☐ **Secretary** \_\_\_\_\_ ☐ **Treasurer** \_\_\_\_\_  
☐ **Other** \_\_\_\_\_ ☐ **Other** \_\_\_\_\_

☐ **Chairman** Name: William Henry  
☐ **Vice Chairman** Address: 100 Crescent Court  
☐ **Director** Suite 1700  
☐ **President** Dallas, Texas 75201  
☒ **Vice President** \_\_\_\_\_  
☒ **Secretary** \_\_\_\_\_ ☐ **Treasurer** \_\_\_\_\_  
☐ **Other** \_\_\_\_\_ ☐ **Other** \_\_\_\_\_

☐ **Chairman** Name: \_\_\_\_\_  
☐ **Vice Chairman** Address: \_\_\_\_\_  
☐ **Director** \_\_\_\_\_  
☐ **President** \_\_\_\_\_  
☐ **Vice President** \_\_\_\_\_  
☐ **Secretary** \_\_\_\_\_ ☐ **Treasurer** \_\_\_\_\_  
☐ **Other** \_\_\_\_\_ ☐ **Other** \_\_\_\_\_

☐ **Chairman** Name: \_\_\_\_\_  
☐ **Vice Chairman** Address: \_\_\_\_\_  
☐ **Director** \_\_\_\_\_  
☐ **President** \_\_\_\_\_  
☐ **Vice President** \_\_\_\_\_  
☐ **Secretary** \_\_\_\_\_ ☐ **Treasurer** \_\_\_\_\_  
☐ **Other** \_\_\_\_\_ ☐ **Other** \_\_\_\_\_

☐ **Chairman** Name: \_\_\_\_\_  
☐ **Vice Chairman** Address: \_\_\_\_\_  
☐ **Director** \_\_\_\_\_  
☐ **President** \_\_\_\_\_  
☐ **Vice President** \_\_\_\_\_  
☐ **Secretary** \_\_\_\_\_ ☐ **Treasurer** \_\_\_\_\_  
☐ **Other** \_\_\_\_\_ ☐ **Other** \_\_\_\_\_

☐ **Chairman** Name: \_\_\_\_\_  
☐ **Vice Chairman** Address: \_\_\_\_\_  
☐ **Director** \_\_\_\_\_  
☐ **President** \_\_\_\_\_  
☐ **Vice President** \_\_\_\_\_  
☐ **Secretary** \_\_\_\_\_ ☐ **Treasurer** \_\_\_\_\_  
☐ **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. William Henry  
 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.

13. William Henry, Vice President  
 (Typed or printed name and capacity of person signing application)

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# Delaware

The First State

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**I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HOMETOWN SERVICE FLORIDA 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 EIGHTH DAY OF DECEMBER, A.D. 2023.**

**AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HOMETOWN SERVICE FLORIDA INC." WAS INCORPORATED ON THE FIFTH DAY OF DECEMBER, A.D. 2023.**

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



2717787 8300

SR# 20234177386

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

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

Authentication: 204770347

Date: 12-08-23

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