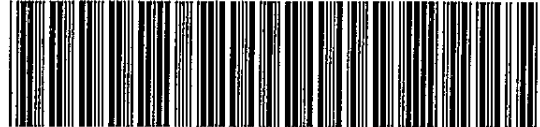


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ler's e Home Solutions Phone 786-1276  
pany John Williams  
ess 3364 Clowes place Da Dept./Floor/Suite/Room  
fate Albany State GA ZIP 31706-844



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(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

June 11, 2004

GLENN WILLIAMS  
3364 CLOVER PLACE DR  
PALM HARBOR, FL 34684

SUBJECT: HS CONSULTING LLC  
Ref. Number: W04000022683

We have received your document for HS CONSULTING LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must complete the attached Certificate of Designation for the Registered Agent. The form submitted is not acceptable.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges  
Document Specialist

Letter Number: 304A00039675

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. HS Consulting LLC  
(Name of foreign limited liability company)
2. New Jersey  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 03-0395539  
(FEI number, if applicable)
4. March 3, 2002  
(Date of Organization)
5. perpetual  
(Duration: Year limited liability company will cease to exist or "perpetual")
6. \_\_\_\_\_  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. ~~34 North Ave W~~ 34 North Ave W Suite 3R  
Cranford, NJ 07016  
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here ☐

9. The name and usual business addresses of the managing members or managers are as follows:

<u>Home Solutions LP</u>	<u>Home Solutions LP</u>	<u>HS Consulting LLC</u>
<u>4012 Williamsburg Ct</u>	<u>34 North Ave W Suite 3R</u>	
<u>Fairfax, VA 22032</u>	<u>Cranford, NJ 07016</u>	

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: Sale of home

Remodeling products

Elizabeth  
Signature of a member or an authorized representative of a member.  
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Elizabeth McTigue  
Typed or printed name of signee

04 JUN 22 14:10:22

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

HS Consulting LLC

2. The name and the Florida street address of the registered agent and office are:

Glenn Williams  
(Name)

3364 Cloverplace Dr  
Florida street address (P.O. Box **NOT** ACCEPTABLE)

Palm Harbor FL 34684  
(City/State/Zip)

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.*

Glenn Williams  
(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

STATE OF NEW JERSEY  
DEPARTMENT OF TREASURY  
LONG FORM STANDING WITH OFFICERS AND DIRECTORS

HS CONSULTING LLC

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on March 8, 2002.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

*I further certify that the registered agent and registered office are:*

*Elizabeth Mcindoe  
34 North Ave West  
Cranford, NJ 07016*

*I further certify that as of the date of this certificate, the following were listed as officers/directors of this business on the last Annual Report filed in this office on January 17, 2003.*

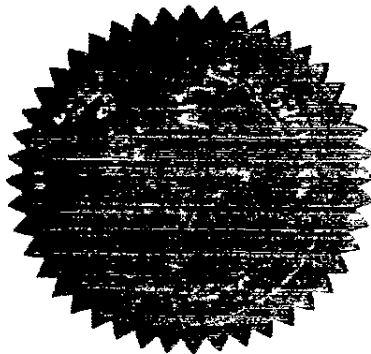
*Other*

*Kenneth Lindner  
607 17th St  
Union City, NJ 07089*

*Continued on next page ...*

STATE OF NEW JERSEY  
DEPARTMENT OF TREASURY  
LONG FORM STANDING WITH OFFICERS AND DIRECTORS

HS CONSULTING LLC



IN TESTIMONY WHEREOF, I have  
hereunto set my hand and  
affixed my Official Seal  
at Trenton, this  
14th day of February, 2003

A handwritten signature in cursive script, reading "John E. McCormac". The signature is fluid and written in dark ink.

John E McCormac, CPA  
State Treasurer