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SECRETARY OF STATE
TALL ABLASSEF FLORIDA

N. Culligan FEB 1 3 2013

CR2E027 (9/10) COVER LETTER			
TO: Registration Section Division of Corporations			
SUBJECT: HomeOwners Network, LLC Name of Limited Liability Company			
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida			
Please return all correspondence concerning this matter to the following: Shauwon Salmon Name of Person			
Home Owners Network, LLC Firm/Company			
3288 Wymberly Drive			
Jupiter Florida 33458 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Shakkon Salmon at (202) 253-1311 (personal) Name of Person Area Code & Daytime Telephone Number			
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

□ \$155.00 Filing Fee & Certified Copy

\$160.00 Filing Fee, Certificate of Status & Certified Copy

Enclosed is a check for the following amount:

\$\Bigsim \\$125.00 \text{ Filing Fee} \\$130.00 \text{ Filing Fee & Certificate of Status}

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOILOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. Howe www. Network, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
homeowners network. net, LLC
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability
Company," "L.L.C," "LLC.")
2 Notauras 2 90-0893809
2. (Jurisdiction under the law of which foreign limited liability 3. (FEI number, if applicable)
company is organized)
4. 987/12 (Date of Organization) 5. Derpetual (Duration: Year limited liability company will cease to
exist or "perpetual")
6. NA
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
1. SZOS KOGININOWY STUDE
Jupiter, Florida 33458 (Street Address of Principal Office)
(Street Address of Principal Office)
8. If limited liability company is a manager-managed company, check here
8. If limited liability company is a manager-managed company, check here
9. The name and usual business addresses of the managing members of managers are as follows:
Shannon Salmon
Jupiter, Florida 33458
Jupiter, Florida 33458
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:
f :
Website referral service
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. I am aware that any 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.)
Shannon Salmon
Typed or printed name of signee

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: Home Dwiers Network, LLC	
If unavailable, the alternate to be used in the state of Florida is: homeowners network net, LLC	
2. The name and the Florida street address of the registered agent and office are: Shannon Salmon (Name)	ZII3
3288 Wymberly Drive Florida Street Address (P.O. Box NOT ACCEPTABLE)	FILED 2013 FEB 12 PM I SECRETARY OF S TALLAHASSEE, FL
Jupiter FL 33458 City/State/Zip	PN 12: 46 OF STATE FLORIDA

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, Florida Statutes.

(Signature)

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

\$ 5.00 Certificate of Status (optional)

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "HOME OWNERS NETWORK, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE FIFTH DAY OF FEBRUARY, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HOME OWNERS NETWORK, LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF JULY, A.D. 2008.

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

4582400 8300

130132693

AUTHENTYCATION: 0194223

DATE: 02-05-13

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