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## Foreign Limited Liability Company HOME YIELD LLC

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

IN COMPLIANCE WITH SECTION 605.0502, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A POREJON DWITEL TABLET TO COMPANY TO TRANSACT FUSINESS IN THE STATE OF FLORIDA:
Name of Foreign Limited Liability Company; must include "Limited Liability Company," LLC.," or "LLC.")
Home Yield FL UC
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited
Lieblity Company," "L.L.C," or "L.L.C.")
2. (Jurisdiction under the law of which foreign innited liability (FEI number, if applicable) company is organized)
4. (Date first transacted business in Worlds, if prior to registration.)
(Date first transacted business in Fiordan, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5 4021 N 75M St. SKC 104
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  5. 4021 N 75M St, StC 104  Scottsddle, AE 85251  (Street Address of Principal Office)
(Street Address of Principal Office)
5 Same 1
79 3
(Malling Address)
27 J
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Paracorp Incorporated
Office Address: 155 Office Plaza Dr. 1st Floor  Tallahassee , Florida 32301 (City) (Zip code)
Tallahassee Florida 32301
(City) (Zip rode)
Registered agent's acceptance: Having bean named as registered agent and to accept service of process for the above stated thnited liability company 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 complywith 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.
Please see attached
(Registered agent's signature)
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
John McKee, Founder numager
4071 N 75th St Ste104
SCOHSDAND, AZ 85251
300.000
9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under outh of the translator must be submitted)
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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 a.817.155, F.S.
John McKee
Typed or printed name of signee

2017 JUL 28 AM 9: 50

SLUKL TARY OF STATE
TALLAHASSEE, FLORIDS

### STATE OF FLORIDA

#### REGISTERED AGENT CONSENT FORM

DATE: 07/27/2017

ENTITY NAME: HOME YIELD LLC

### REGISTERED AGENT NAME AND ADDRESS:

Paracerp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Milton Vong , Assistant Secretary

Paracorp Incorporated



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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HOME YIELD 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 TWENTY-SIXTH DAY OF JULY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HOME YIELD LLC" WAS FORMED ON THE SEVENTH DAY OF MARCH, A.D. 2017.

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

6339885 8300

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