

M17000008002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

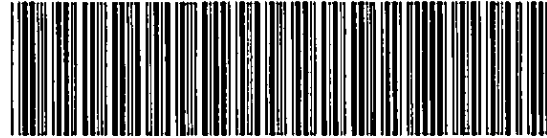
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700294897407

FILED  
SEP 18 AM 11:10  
FBI - MEMPHIS

02/03/17--01010--029 \*\*100.00

02/03/17--01010--030 \*\*25.00

08/18/17--01003--001 \*\*777.50

SEP 20 2017  
J. HARRIS

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Evergreen Manufactured Homes 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:

Paul Comino  
\_\_\_\_\_  
Name of Person

Evergreen Manufactured Homes  
\_\_\_\_\_  
Firm/Company

2402 Eisenhower Drive N.  
\_\_\_\_\_  
Address

Goshen, IN 46526  
\_\_\_\_\_  
City/State and Zip Code

paul@homenation.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

|                        |            |                          |
|------------------------|------------|--------------------------|
| Paul Comino            | 574        | 202-9898                 |
| _____                  | at (_____) | _____                    |
| Name of Contact 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

Enclosed is a check for the following amount:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$160.00 Filing Fee, Certificate<br>of Status & Certified Copy |
|--|---|--|---|



Home Nation  
2402 Eisenhower Dr. N  
Goshen In 46526  
Ph. (877) 504-6637  
Fax. (574) 504-9947

Hello Jenna,

I have received your letter 717A00016985. The reference # is W17000010655. This is regarding our Sunbiz account. While the processing of our Sunbiz account, our name Evergreen Manufactured Homes LLC was changed to Home Nation.com LLC. This is the same entity and the same company. The business id is 2009082500792. I have enclosed the entity details and also the certificate of amendment. In the case that we will need to change the name with a new application, please find the new application enclosed. Please call or email me with any questions that you may have. Thank you!

Sincerely,

Kimberley Landes

574-529-4668

[kim@homenation.com](mailto:kim@homenation.com)



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 18, 2017

PAUL COMINO  
2402 EISENHOWER DRIVE N  
GOSHEN, IN 46526

SUBJECT: EVERGREEN MANUFACTURED HOMES LLC  
Ref. Number: W17000010655

We have received your document for EVERGREEN MANUFACTURED HOMES LLC and your check(s) totaling \$902.50. However, the document has not been filed and is being retained in this office for the following:

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Please return 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) 245-6051.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 717A00016985

2017 SEP 18 PM 1:42

SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 27, 2017

KIM LANDES  
2402 EISENHOWER DR N  
GOSHEN, IN 46526

SUBJECT: EVERGREEN MANUFACTURED HOMES LLC DBA HOME NATION  
Ref. Number: W17000010655

RECEIVED  
2017 AUG 15 AM 8:35  
SECRETARY  
TALLAHASSEE, FLORIDA

We have received your document for EVERGREEN MANUFACTURED HOMES LLC DBA HOME NATION and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$777.50.

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

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) 245-6051.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 717A00002364

2017 SEP 18 AM 11:10  
FILED  
TALLAHASSEE, FLORIDA

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Home Nation.com LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. IN 3. 80-0487670  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2402 Eisenhower Drive N. 6. 3737 N. Cocoa Blvd.  
(Street Address of Principal Office) (Mailing Address)  
Goshen, IN 46526 Cocoa, FL 32928

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

Name: Laura Comino  
Office Address: 760 Tamiami Trail N.  
Nokomis, Florida 34275 - 2139  
(City) (Zip code)

Registered agent's acceptance:

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 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.

  
(Registered agent's signature)

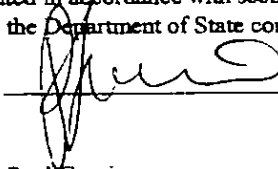
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

| <u>Title or Capacity:</u> | <u>Name and Address:</u>   | <u>Title or Capacity:</u> | <u>Name and Address:</u> |
|---------------------------|--|---------------------------|--------------------------|
| <u>Office Manager</u>     | <u>Laura Comino</u><br><u>760 Tamiami Trail N.</u><br><u>Nokomis, FL 34275</u> |                           |                          |
|                           |  |                           |                          |
|                           |  |                           |                          |
|                           |  |                           |                          |

(Use attachments if necessary)

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 oath of the translator must be submitted)

10. 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 s.817.155, F.S.

  
Signature of an authorized person  
Paul Comino  
Typed or printed name of signer

State of Indiana  
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

HOME NATION.COM LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on August 25, 2009, and was in existence or authorized to transact business in the State of Indiana on September 05, 2017.

I further certify this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, September 05, 2017

*Connie Lawson*

CONNIE LAWSON  
SECRETARY OF STATE

2009082500792 / 2017395728

Verify this certificate: <https://bsd.sos.in.gov/ValidateCertificate>