

5/24/2018

Division of Corporations

M1800005070

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((H18000160636 3)))



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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : LEGALINC CORPORATE SERVICES INC.  
Account Number : I20180000011  
Phone : (844)386-0178  
Fax Number : (214)317-4754

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

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Foreign Limited Liability Company  
INFINITY HOME PROTECTION LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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**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. INFINITY HOME PROTECTION LLC**

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

**2. New Jersey**

(Jurisdiction under the law of which foreign limited liability company is organized)

3.

(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. 10811 McKinley Drive**

(Street Address of Principal Office)

Tampa, FL 33612

**6. 10811 McKinley Drive**

(Mailing Address)

Tampa, FL 33612

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

Name: LEGALINC CORPORATE SERVICES INC.

Office Address: 5237 SUMMERLIN COMMONS BLVD, SUITE 400

FORT MYERS

(City)

Florida 33907

(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:**

**Title or Capacity:**

**Name and Address:**

**Title or Capacity:**

**Name and Address:**

Member

William Kidd

701 West Red Bank Avenue, Apt F9  
West Deptford, NJ 08095

Member

Brooke Kidd

10811 McKinley Drive  
Tampa, FL 33612

(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)

William Kidd

(Typed or printed name of signor)

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**STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
SHORT FORM STANDING**

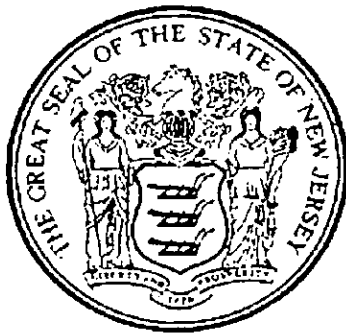
**INFINITY HOME PROTECTION LLC  
0400435094**

*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 August 11, 2011.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey. Annual Reports are outstanding for the following year(s): 2017*

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

**WILLIAM C. KIDE  
701 W REDBANK AVE APT F9  
WEST DEPTFORD, NJ 08096**



*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
7th day of May, 2018*

A handwritten signature in black ink, appearing to read "Elizabeth Maher Muoio".

**Elizabeth Maher Muoio  
State Treasurer**

*Certificate Number: 6088072847*

*Verify this certificate online at:*

[https://www1.state.nj.us/FYTR\\_StandingCert/ISP/Verify\\_Cert.jsp](https://www1.state.nj.us/FYTR_StandingCert/ISP/Verify_Cert.jsp)

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