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

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Foreign Limited Liability Company Hometown Foods USA, LLC

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JUL 30 2019



HOMETOWN FOODS USA INC
11800 NW 102nd Road, Suite 6
Medley, Florida 33178

July 29, 2019

Florida Department of State
Division of Corporations
2661 Executive Center Circle
Tallahassee, Florida 32301

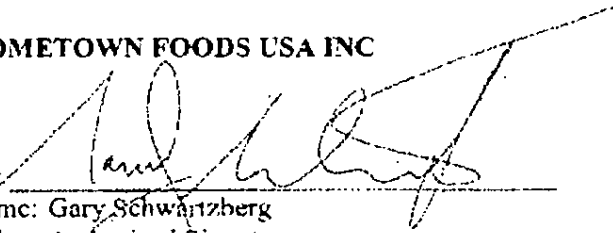
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2019 JUL 24 PM 4:45
TALLAHASSEE, FLORIDA

Re: Consent to Use of Name

To Whom It May Concern:

The undersigned, on behalf of **Hometown Foods USA Inc**, a Florida corporation, hereby consents to the use of the name, **Hometown Foods USA, LLC**, in the State of Florida. The Florida Department of State, Division of Corporations reference number is W19000068252.

HOMETOWN FOODS USA INC

By: 

Name: Gary Schwartzberg

Title: Authorized Signatory

**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. HometownFoodsUSA,LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 84-2398011
(EIN number, if applicable)
4. _____
(Date first transacted business in Florida, if prior to registration;
[See sections 605.0901 & 605.0905, P.S. to determine penalty liability])
5. 11800N.W.102ndRoad
(Street Address of Principal Office)
6. 11800N.W.102ndRoad
(Mailing Address)
- Suite6
- Medley,Florida33178

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.

By: Kimberly Laughrey C T Corporation System
Kimberly Laughrey, Assistant Secretary
(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

Title or Capacity: Name and Address:

☐ Manager Name: KBH Intermediate Corp.

☒ Member Address: 155 N. Wacker Drive

☐ Authorized Suite 4150

Person Chicago, Illinois 60606

☐ Other ☐ Other

☐ Manager Name: Kevin McDonough

☐ Member Address: 155 N. Wacker Drive

☐ Authorized Suite 4150

Person Chicago, Illinois 60606

☒ Other Executive Chairman ☐ Other

☐ Manager Name: Carl Springer

☐ Member Address: 155 N. Wacker Drive

☐ Authorized Suite 4150

Person Chicago, Illinois 60606

☒ Other Vice President ☐ Other

Title or Capacity: Name and Address:

☐ Manager Name: Brian C. Chung

☐ Member Address: 155 N. Wacker Drive

☐ Authorized Suite 4150

Person Chicago, Illinois 60606

☒ Other Chief Financial Officer ☐ Other

☐ Manager Name: Chaoran Jin

☐ Member Address: 155 N. Wacker Drive

☐ Authorized Suite 4150

Person Chicago, Illinois 60606

☒ Other Vice President ☐ Other

☐ Manager Name:

☐ Member Address:

☐ Authorized Suite 4150

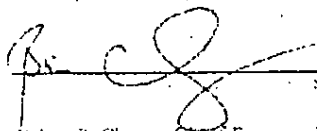
Person Chicago, Illinois 60606

☐ Other ☐ Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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 authorized person
 Brian C. Chung, Chief Financial Officer
 Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HOMETOWN FOODS USA, 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-FOURTH DAY OF JULY, A.D. 2019.

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

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2019 JUL 24 PM 4:45
TALLAHASSEE, FLORIDA



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SR# 20196133092

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203277139

Date: 07-24-19