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Florida Department of State
Division of Corporations
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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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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.")

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

3. 84-2398011
(FEI number, if applicable)

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

5. 11800N.W.102ndRoad
(Street Address of Principal Office)
Suite6
Medley,Florida33178

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: 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 ☒ Member ☐ Authorized Person ☐ Other ☐ Other
Name: KBH Intermediate Corp.
Address: 155 N. Wacker Drive, Suite 4150, Chicago, Illinois 60606

☐ Manager ☐ Member ☐ Authorized Person ☒ Other: Chief Financial Officer ☐ Other
Name: Brian C. Chung
Address: 155 N. Wacker Drive, Suite 4150, Chicago, Illinois 60606

☐ Manager ☐ Member ☐ Authorized Person ☒ Other: Executive Chairman ☐ Other
Name: Kevin McDonough
Address: 155 N. Wacker Drive, Suite 4150, Chicago, Illinois 60606

☐ Manager ☐ Member ☐ Authorized Person ☒ Other: Vice President ☐ Other
Name: Chaoran Jin
Address: 155 N. Wacker Drive, Suite 4150, Chicago, Illinois 60606

☐ Manager ☐ Member ☐ Authorized Person ☒ Other: Vice President ☐ Other
Name: Carl Springer
Address: 155 N. Wacker Drive, Suite 4150, Chicago, Illinois 60606

☐ Manager ☐ Member ☐ Authorized Person ☐ Other ☐ Other
Name: ____________
Address: ____________

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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 an authorized person

Brian C. Chung, Chief Financial Officer

Typed or printed name of signee

Delaware

The First State

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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Jeffrey W. Bullock, Secretary of State

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