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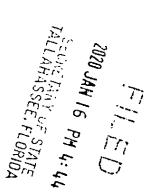
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 140181 5123330

AUTHORIZATION

ORDER DATE: January 14, 2020

ORDER TIME : 9:06 AM

ORDER NO. : 140181-060

CUSTOMER NO: 5123330

FOREIGN FILINGS

NAME: HOMENET, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY

___ PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

EXAMINER:

COVER LETTER

TO:	Registration Section Division of Corporation	15					
SUBJE	HomeNet, LLC						
		Name of Li	mited Liability	Company			
		reign Limited Liability Compar d to register the above referen					
Please	return all correspondence o	concerning this matter to the fo	llowing:				
		Nam	ne of Person				
		Firm	1/Company		SECR! TALLAI	2020 JAH 16	-17
			Address		HASSEE,		
		City/Stat	e and Zip Code	•	STATE, FLORID,	ነካ ፡ካ ዘላ	
		E-mail address: (to be used for	or future annua	report notification)		4-	
For furt	her information concerning		at ()			
	Name of	f Contact Person	Area Code	Daytime Telephone N	Vumber		
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Taliahassee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Cir Tallahassee, FL 32301	cle		
	Enclosed is a check for the Please make check payable	e following amount: le to: FLORIDA DEPARTM	ENT OF STA	ТЕ			
	\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status		-	00 Filing F ius & Certi		

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. HomeNet, LLC (Name of Foreign	Limited Liability Company; must include "Limite	d Liability Comp	any," "L.L.C	2.," or "LLC.")				
(If name unevailable, enter alternate r	name adopted for the purpose of transacting business in Flo	rida. The alternate n	ame must incl	ude "Limited Liability Co	ompany," "L L. (C," or "L.L.C	ניין	
Delaware			1013226					
(Jurisdiction under the law of which foreign limited liability company is organized)			(FEI number, if applicable)					
4	(Data first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration.) ine penalty liability)			_			
6205-A Peachtree D	ounwoody Road	_			SE IAL	202		
5. (Street Address of	Principal Office)	6		(Mailing Address)	- 58	ر ا		
Atlanta, GA 30328					TAS	ž	1	
						6		
					الى كى ئىلارى	PH		
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT accepta	ıbl e)		PATE	44:4	O	
Name:	Corporation Service Company							
Office Address:	1201 Hays Street							
	Tallahassee		, Florida	32301				
	(City)		.,	(Zip code)	-			
designated in this applica to comply with the provisi	tance: gistered agent and to accept service of p tion, I hereby accept the appointment a ions of all statutes relative to the proper s of my position _y as registered agent.	s registered ag	ent and a	igree to act in thi	is capacity. i, and I am ison	I furth	er agre	

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: Title or Capacity: Name and Address: Sanford H. Schwartz Mark F. Bowser Name: Name: Manager ■ Manager 6205-A Peachtree 6205-A Peachtree Member ■ Member Dunwoody Road, Atlanta, GA 30328 Dunwoody Road, Atlanta, GA 30328 Authorized Authorized Person Person Vice President President Other Other Other Name: Maria L. Friedman Name: Mary A. Vickers Manager Address: 6205-A Peachtree Address: 6205-A Peachtree Member Dunwoody Road-Atlanta GA 30328 Dunwoody Road, Atlanta, GA 30328 Authorized Authorized Person Person Vice President Other_ Name: __ Juliette W. Pryor Manager Manager 6205-A Peachtree 6205-A Peachtree ■Member ☐ Member Dunwoody Road, Atlanta, GA 30328 Dunwoody Road, Atlanta, GA 30328 __Authorized Authorized Person Person Asst. Secretary Secretary Other Other Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only, Nonindexed 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. Luis A. Avila

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 "HOMENET, 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 FOURTEENTH DAY OF JANUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HOMENET, LLC"

WAS FORMED ON THE NINETEENTH DAY OF NOVEMBER, A.D. 2010.

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





Authentication: 202186272

Date: 01-14-20