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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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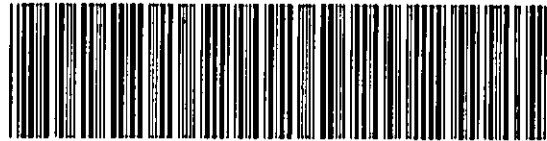
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
2020 MAR 31 PM 1:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2020 MAR 31 AM 12:43

535
4/1/20

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 245343 7327806

AUTHORIZATION

COST LIMIT : \$130.00

ORDER DATE : March 31, 2020

ORDER TIME : 11:48 AM

ORDER NO. : 245343-005

CUSTOMER NO: 7327806

FOREIGN FILINGS

NAME: HOMEGENIUS LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER: _____

2020 MAR 31 AM 12:43

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Homegenius 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:

Tami Bohm

Name of Person

Radian Group

Firm/Company

1500 Market St., #2050W

Address

Philadelphia, PA 19102

City/State and Zip Code

regulatory@radian.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tami Bohm

215

231-1335

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: FLORIDA DEPARTMENT OF STATE

☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

2020 MAR 31 AM 12:30

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

IN COMPLIANCE WITH SECTION 605.09(2), FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Homegenius 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 3. 83-2032439
(Jurisdiction under the laws 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 605.09(4) & 605.09(5), F.S., to determine penalty liability)

5. 7730 South Union Park Avenue, #400 6. 1500 Market St., #2050W
(Street address of Principal Office) (Mailing Address)

Midvale, UT 84047 Philadelphia, PA 19102

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(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.

Amanda E. Robinson Amanda Robinson, Asst. Vice President
(Registered agent's signature)

2020 MAR 31 11:43

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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Red Bell Real Estate, LLC</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Eric Ray</u>
<input checked="" type="checkbox"/> Member	Address: <u>7730 South Union Park Ave</u>	<input type="checkbox"/> Member	Address: <u>C/O Radian</u>
<input type="checkbox"/> Authorized	<u>Midvale, UT 84047</u>	<input type="checkbox"/> Authorized	<u>1500 Market St., #2050W</u>
Person	<u>Dan Jackson</u>	Person	<u>Philadelphia, PA 19102</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>J. Franklin Hall</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Robert Radicioni</u>
<input type="checkbox"/> Member	Address: <u>C/O Radian</u>	<input type="checkbox"/> Member	Address: <u>C/O Radian</u>
<input type="checkbox"/> Authorized	<u>1500 Market St., #2050W</u>	<input type="checkbox"/> Authorized	<u>1500 Market St., #2050W</u>
Person	<u>Philadelphia, PA 19102</u>	Person	<u>Philadelphia, PA 19102</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>Tami Bohm</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>C/O Radian</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>1500 Market St., #2050W</u>	<input type="checkbox"/> Authorized	_____
Person	<u>Philadelphia, PA 19102</u>	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.

Tami A. Bohm

Signature of an authorized person

Tami A. Bohm

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 "HOMEGENIUS 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 FIFTH DAY OF MARCH, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HOMEGENIUS LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF SEPTEMBER, A.D. 2018.

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



7066934 8300

SR# 20201953860

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


Jeffrey W. Bullock, Secretary of State

Authentication: 202526133

Date: 03-05-20

2020 MAR 31 AM 12:48