Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000435716 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007

Phone : (702)866-2500

Fax Number

: (702)866-2689

**Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please.** Email Address: Documents@incorp.com

Foreign Limited Liability Company HomeSmart Services, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

X SALY

Electronic Filing Menu

Corporate Filing Menu

Help

H200004357163

COVER LETTER

SUBJECT: Ho	meSmart Services, LLC		
	Name of U	Limited Liability Company	· · · · · · · · · · · · · · · · · · ·
	pplication by Foreign Limited Liability Complete heck are submitted to register the above reference.		
Please return all	correspondence concerning this matter to the	following:	
	Kim Barajas	·	
	И	ame of Person	
	InCorp Services, Inc.		
	F	rm/Company	
	3773 Howard Hughes Pkwy. · Suite 500	os	
		Address	
	Las Vegas, NV 89169-6014		
	City/S	tate and Zip Code	
	documents@incorp.com		
•	E-mail address: (to be use	d for future annual report r	notification)
For further infor	mation concerning this matter, please call:		
Kim Barajas	on behalf of InCorp Services, Inc.	at 800-246-2677	
	Name of Contact Person		aytime Telephone Number
	z Address: ration Section	Street Address: Registration Section	
Division of Corporations		Division of Corporations	
P.O. Box 6327		The Centre of Tallah	
Tallah	assee, FL 32314	2415 N. Monroe Stre Tallahassee, FL 3230	•
	ed is a check for the following amount:		
	make check payable to: FLORIDA DEPART 5.00 Filing Fee \$ \$130.00 Filing Fee & Certificate of Sta	\$155.00 Filing Fee	• ,

H200004357163

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. HomeSmart Services							
(Name of Foreign	Limited Liability Company; must include "Limite	d Liability Company," "L.I	.C.," or "LLC.")				
(If name unavailable, enter alternate	name adopted for the purpose of transacting business in F	lorida. The alternate name must	include "Limited Lisbility (Company," "L.L.C." or "L	.LC.'")		
2. Delaware		_{3.} 85-3873813					
(Jurisdiction under the law of which foreign limited liability company is organized)		J	(FEL number, if applicable)				
4. Upon Registration							
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration.) ine penalty liability)					
5. 8388 E Hartford Dr S	Suite 100	6. 8388 E Hartfi	ford Dr Suite 100				
Phoenix, AZ 85255		Phoenix, AZ					
	 -			7 200	٠		
7. Name and street addre	ss of Florida registered agent: (P.O. Box	NOT acceptable)		PEC 22	TIL		
Name:	InCorp Services, Inc.				TT:		
Office Address:	17888 67th Court North			5: 36 (A.) (O.)	رميا		
	Loxahatchee	, Florid	₁₂ 33470	۳°			
	(Çity)	, 1 10110	(Zip code)				
designated in this application comply with the provise	stance: 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 as registered agent.	s registered agent and	l agree to act in this	s capachy. I furth	er agree		
	Kimpapayun (Registered agent's	Kim Barajas	on behalf of in	псогр Services, I	nc.		

H200004357163

Title or Capacity:	Name and Address:	Title or Capacit	<u>y:</u>	Name and Address:
⊐Manager	Name: HomeSmart Holdings, Inc.	□Manager	Name:	
■Member	Address: 8388 E Hartford Dr Suite 100	□Meniber	Address:	
□ Authorized	Phoenix, AZ 85255	□Authorized		
Person	The Tri My About Granny	Person		
□ Other	□Other <u>Same and the same</u>	Other		Other
□Manager	Name:	□Manager	Name:	TALLAH T
∐Member	Address:	□Member	Address: _	
□Authorized		□Authorized		- FR
Person		Person		38
Other	Other	□Other		□Other
⊐Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address: _	
□Authorized		□ Authorized		
Person		Person		
□ Other		□Other		□ Other

- 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.

✓ _Ashle	n Bowers
	Signature of an authorized person

Ashley Bowers

Typed or printed name of signes

H200004357163

Delaware

The First State

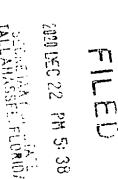
H200004357163

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HOMESMART SERVICES, 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-FIRST DAY OF DECEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HOMESMART SERVICES, LLC" WAS FORMED ON THE FIFTH DAY OF NOVEMBER, A.D. 2020.

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



4066348 8300 SR# 20208719649

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

Authentication: 204383827

Date: 12-21-20