

M21000010625

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

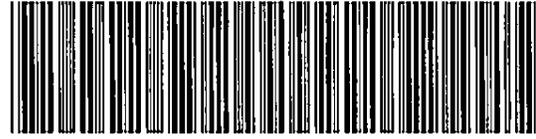
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300371312703

DATE RECEIVED

2021 AUG 16 AM 9:50
OFFICE OF STATE
CORPORATIONS

FILED

AUG 17 2021

M. SOLOMON

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. Homeshield Solutions Services 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. New Jersey 3. 81-1121978
(Jurisdiction under the law 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 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 585 Prospect Street 6. 585 Prospect Street
(Street Address of Principal Office) (Mailing Address)

Ste 301A Ste 301A
Lakewood, NJ 08701 Lakewood, NJ 08701

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

Name: InCorp Services, Inc.
Office Address: 17888 67th Court North
Loxahatchee, Florida 33470
(City) (Zip code)

FILED
2021 AUG 16 AM 9:50
STATE OF FLORIDA
CLERK OF STATE

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.

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: **Manager** **Name and Address:** Name: Sammy Wechsler
 Member Address: 585 PROSPECT ST STE 301A
 Authorized LAKEWOOD, NJ 08701
 Person _____
 Other _____ **Other** _____

Manager Name: Yosef Y Manela, Esq
 Member Address: 6300 Wilshire Blvd, Ste 2030
 Authorized Los Angeles, CA 90048
 Person _____
 Other Attorney _____ **Other** _____

Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other _____ **Other** _____

Title or Capacity: **Manager** **Name and Address:** Name: Jordan Reifer
 Member Address: 585 PROSPECT ST STE 301A
 Authorized LAKEWOOD, NJ 08701
 Person _____
 Other _____ **Other** _____

Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other _____ **Other** _____

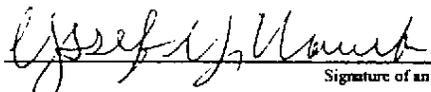
Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other _____ **Other** _____

2021 AUG 16 AM 9:50
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 FILED

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

Yosef Y Manela, Esq

 Typed or printed name of signer

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

**HOMESHIELD SOLUTIONS SERVICES LLC
0450042496**

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on January 08, 2016.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

**SAMMY WECHSLER
585 PROSPECT ST.
301A
LAKEWOOD, NJ 08701**



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
3rd day of August, 2021*

**Elizabeth Maher Muoio
State Treasurer**

Certificate Number : 6121768786

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp