

M210000014891

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

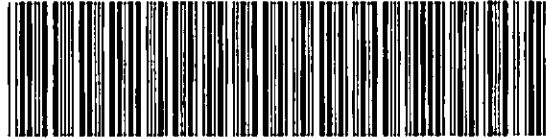
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2021 NOV -3 PM 2:33
SECRETARY OF STATE
TALLAHASSEE, FL 09400

NOV 09 2021

K. Brumbley

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOME SHIELD ADVISORS, 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:

LOVETTE DOBSON

Name of Person

Firm/Company

17350 STATE HWY 249 #220

Address

HOUSTON, TX 77064

City/State and Zip Code

EFILE1234@INCFIL.COM

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

For further information concerning this matter, please call:

LOVETTE DOBSON

1

888-462-3453

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

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. HOME SHIELD ADVISORS, 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. TENNESSEE

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

3. 85-0943150

(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. 7112 WINCHESTER RD

(Street Address of Principal Office)

6. 7112 WINCHESTER RD

(Mailing Address)

MEMPHIS, TENNESSEE 38125

MEMPHIS, TENNESSEE 38125

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

Name: LEGALINC CORPORATE SERVICES INC.

Office Address: 5237 SUMMERLIN COMMONS, SUITE 400

FORT MYERS

(City)

Florida

33907

(Zip code)

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AND
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TALLAHASSEE, FL 09001

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.

(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 Name: THOMAS ROMERO

☒ Member Address: 1322 CRYSTAL TREE CT

☐ Authorized _____

Person BLACKLICK, OHIO 43004

☐ Other _____ ☐ Other _____

☐ Manager Name: RANDAL DEVERGER

☒ Member Address: 1850 MANOR HILL RD

☐ Authorized _____

Person SAINT LOUIS, MISSOURI 63131

☐ Other _____ ☐ Other _____

☐ Manager Name: STEPHEN FORD

☒ Member Address: 658 TOTTY CV

☐ Authorized _____

Person COLLIERVILLE, TENNESSEE 38017

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ 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.

Thomas Romero
Signature of an authorized person

THOMAS ROMERO
Typed or printed name of signer



Tre Hargett
Secretary of State

Division of Business Services

Department of State

State of Tennessee

312 Rosa L. Parks AVE. 6th Fl.

Nashville, TN 37243-1102

LOVETTE DOBSON
17350 STATE HWY 249, #220
HOUSTON, TX 77064

August 13, 2021

Request Type: Certificate of Existence/Authorization

Request #: 0431410

Issuance Date: 08/13/2021

Copies Requested: 1

Document Receipt

Receipt #: 006564778

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3812332430

\$20.00

Regarding: HOME SHIELD ADVISORS, LLC

Filing Type: Limited Liability Company - Domestic

Formation/Qualification Date: 05/06/2020

Status: Active

Duration Term: Perpetual

Business County: FAYETTE COUNTY

Control #: 1094924

Date Formed: 05/06/2020

Formation Locale: TENNESSEE

Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

HOME SHIELD ADVISORS, LLC

* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;

* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has filed the most recent annual report required with this office;

* has appointed a registered agent and registered office in this State;

* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Cert Web User

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