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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

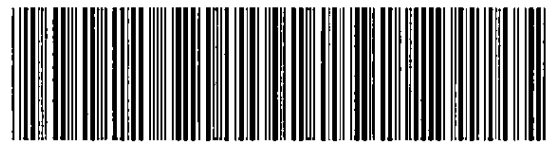
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FL 32301

2021 NOV 19 PM 3:39 2021 NOV 19 AM 11:54

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S. FRANKLIN  
NOV 22 2021

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

ACCOUNT NO. : I20000000195  
REFERENCE : 250929 7538051  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 125.00

ORDER DATE : November 16, 2021  
ORDER TIME : 5:24 PM  
ORDER NO. : 250929-055  
CUSTOMER NO: 7538051

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TALLAHASSEE, FL

FOREIGN FILINGS

NAME: HOME DEPOT MANAGEMENT COMPANY,  
LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- \_\_\_\_\_ CERTIFIED COPY
- XX \_\_\_\_\_ PLAIN STAMPED COPY
- \_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: \_\_\_\_\_

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Home Depot Management Company, 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:

Devaan Bernard  
Name of Person  
Home Depot  
Firm/Company  
2455 Paces Ferry Road, Bldg C-20  
Address  
Atlanta, Ga. 30339  
City/State and Zip Code  
devaan\_d\_bernard@homedepot.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Devaan Bernard at (770) 433-8211 ext. 81358  
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

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SECRETARY OF STATE  
TALLAHASSEE, FL

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 Depot Management Company, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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. DE
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 87-2928157
(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. 2455 Paces Ferry Road, Building C-20
(Street Address of Principal Office)

6. 2455 Paces Ferry Road, Building C-20
(Mailing Address)

Atlanta, GA 30339

Atlanta, GA 30339

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.

By: Corporation Service Company

Eyeline Baker
Assistant Vice President

(Registered agent's signature)

STATE OF FLORIDA
TALLAHASSEE, FL

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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: The Home Depot, Inc.

Member Address: 2455 Paces Ferry Road

Authorized Building C-20, Atlanta, Ga. 30339

Person Sole Member

Other \_\_\_\_\_  Other \_\_\_\_\_

Title or Capacity: Name and Address:

Manager Name: Teresa Wynn Roseborough

Member Address: 2455 Paces Ferry Road

Authorized Atlanta, Ga. 30339

Person Vice President & Secretary

Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: Timothy A. Hourigan

Member Address: 2455 Paces Ferry Road

Authorized Atlanta, Ga. 30339

Person President

Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: Scott Smith

Member Address: 2455 Paces Ferry Road

Authorized Atlanta, Ga. 30339

Person VP- HR Performance Systems

Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: Richard V. McPhail

Member Address: 2455 Paces Ferry Road

Authorized Atlanta, Ga. 30339

Person Vice President & Treasurer

Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: Karen Dewalt

Member Address: 2455 Paces Ferry Rd

Authorized Atlanta, Ga. 30339

Person Assistant Treasurer


Other \_\_\_\_\_  Other \_\_\_\_\_

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 OFFICE OF THE SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**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

# Delaware

The First State


I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HOME DEPOT MANAGEMENT COMPANY, 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 SIXTEENTH DAY OF NOVEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HOME DEPOT MANAGEMENT COMPANY, LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF SEPTEMBER, A.D. 2021.

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

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DEPARTMENT OF STATE  
HALL ANNE ARBOR, DE



  
Jeffrey W. Bullock, Secretary of State

6252989 8300

SR# 20213816876

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 204709420

Date: 11-16-21