

12/14/22, 9:32 AM

Division of Corporations

Florida Department of State
M220004201453

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.

{{(H220004201453)}}



H220004201453ABCU

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 : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 Phone : (954)208-0845
 Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

2022 DEC 14 AM 10:05

Foreign Limited Liability Company
 HomeSafe Alliance LLC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

2022 DEC 14 PM 3:43
 RECEIVED
 DIVISION OF CORPORATIONS

APPROVED
 AND
 FILED

Electronic Filing Menu

Corporate Filing Menu

Help

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

IN COMPLIANCE WITH SECTION 605.06(2), FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. HomeSafe Alliance LLC.
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LLP")

If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLP."

2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized),

3. 84-3133869
(EIN number, if applicable)

4. 601 JEFFERSON STREET.
(Place for transacted business in Florida, if prior to registration. (see sections 605.06(1) & 605.0903, F.S., to determine penalty liability).

5. 601 JEFFERSON STREET.
(Street Address of Principal Office)

6. 601 JEFFERSON STREET.
(Mailing Address)

HOUSTON TX 77002

HOUSTON TX 77002

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

Name, C T Corporation System

Office Address 1200 South Pine Island Road

Plantation, Florida 33324
(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: C T Corporation System
Jori Sawan, Assistant Secretary
(Registered agent's signature)

APPROVED
AND
FILED

2022 DEC 14 PM 3:43

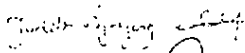
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☒ Manager	Name: <u>Byron Bright</u>	☒ Manager	Name: <u>Clay Hale</u>
☐ Member	Address: <u>601 Jefferson Street</u>	☐ Member	Address: <u>601 Jefferson Street</u>
☒ Authorized	<u>Houston TX 77002</u>	☒ Authorized	<u>Houston TX 77002</u>
Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☐ Manager	Name: <u>KBR Services, LLC</u>	☐ Manager	Name: <u>Tier One Relocation, LLC</u>
☒ Member	Address: <u>601 Jefferson Street</u>	☒ Member	Address: <u>490 Park Dr.</u>
☐ Authorized	<u>Houston TX 77002</u>	☐ Authorized	<u>Weirton, WV 26062</u>
Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☐ Manager	Name: <u>Judith Njomgang</u>	☐ Manager	Name: _____
☐ Member	Address: <u>601 Jefferson Street</u>	☐ Member	Address: _____
☒ Authorized	<u>Houston TX 77002</u>	☐ Authorized	_____
Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ 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.


Judith Njomgang
 Signature of authorized person
 JUDITH NJOMGANG

 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 "HOMESAFE ALLIANCE 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 FOURTEENTH DAY OF DECEMBER, A.D. 2022.

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



7609338 8300

SR# 20224260721

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 205088809

Date: 12-14-22