

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Danis and Number)
(Document Number)
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Special Instructions to Filing Officer:

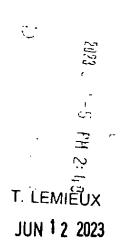
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T. LEMMEUX

JUN 1 2 2023

COVER LETTER

€ 1

10:	Division of Corporations	?		
	Hometowne Buildings & 7	Trailers, LLC		
SUBJI	ECT:	Name of Limited Liability Company		
	closed "Application by Foreign Limited Liabi	ility Company for Authorization to Transact Business in Florida," Certificate of ove referenced foreign limited liability company to transact business in Florida.		
Please	return all correspondence concerning this mat	tter to the following:		
	C Runner			
		Name of Person		
	Harbor Compliance			
		Firm/Company		
	1830 Colonial Village Ln			
		Address		
	Lancaster, PA 17	601		
		City/State and Zip Code		
	professional@hart	porcompliance.com		
	E-mail address: (i	to be used for future annual report notification)		
For fur	ther information concerning this matter, please	e call:		
	C Runner	at (717 Area Code Daytime Telephone Number		
	Name of Contact Person	Area Code Daytime Telephone Number		
	Mailing Address:	Street Address:		
	Registration Section	Registration Section		
	Division of Corporations	Division of Corporations		
	P.O. Box 6327	The Centre of Tallahassee		
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
	Enclosed is a check for the following amour Please make check payable to: FLORIDA I \$ \$125.00 Filing Fee \$130.00 Filing Certification	DEPARTMENT OF STATE		

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

Hometowne Bu	uildings & Trailers, LLC Limited Liability Company; must include "Limited	Liability Company," "L.L.C.," or "L.L.C.")	···
21.11			
Tennessee	name adopted for the purpose of transacting business in Fig.	ida. The afternate name must include "Limited Liability Company," "L.L.	.C." or "LLC,")
	which foreign limited liability company is organized)	3. (FEI number, if applicable)	
	(Date first transacted business in Florida, if prior to re (See sections 605,0904 & 605,0905, F.S. to determin	gistration.) - penalty liability)	
32 Weathe	rford Square	6. P.O. Box 10275	
Jackson, Tl	N 38305	Jackson,TN 38308	
			
Name and street addre	ss of Florida registered agent: (P.O. Box	NOT acceptable)	
	ss of Florida registered agent: (P.O. Box Registered Agents Inc	NOT acceptable)	
Name:		NOT acceptable)	
	Registered Agents Inc	33702	
Name:	Registered Agents Inc 7901 4th St N STE 300		
Name: Office Address: gistered agent's accepting been named as reignated in this application of the provise omply with the provise	Registered Agents Inc 7901 4th St N STE 300 St. Petersburg City cotance: egistered agent and to accept service of praction, I hereby accept the appointment as		l further ag

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: Title or Capacity: Name and Address: Name: Erica Mauldin Name: Chad Shankle [] Manager Manager Address: 32 Weatherford Square Address: 32 Weatherford Square □Member ☐ Member Jackson, TN 38305 Jackson, TN 38305 ☐ Authorized □ Authorized Person Person Other___ □Other Other_____ □Other Name: Jeff Berryhill Manager Name: ______ □Manager Address: 32 Weatherford Square □Member ☐ Member Address: Jackson, TN 38305 ☐ Authorized ☐ Authorized Person Person □Other ☐Other_ □Other____ Other___ ∐Manager □ Manager Name: _____ ☐ Member Address: ___ □Member Address: _____ ☐ Authorized ☐ 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. Nonindexed 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. /s/Erica Mauldin Signature of an authorized person

Erica Mauldin



Division of Business Services **Department of State**

State of Tennessee 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

HARBOR COMPLIANCE 1830 COLONIAL VILLAGE LANE LANCASTER, PA 17601

May 18, 2023

Request Type: Certificate of Existence/Authorization

Copies Requested:

Issuance Date: 05/18/2023

Request #: 0530649

Receipt #: 008124294

Document Receipt

Filing Fee:

\$20.00

Payment-Credit Card - State Payment Center - CC #: 3851418508

\$20.00

Regarding:

Hometowne Buildings & Trailers, LLC

Filing Type:

Limited Liability Company - Domestic

Formation/Qualification Date: 11/19/2020

Status:

Active

Duration Term:

Business County: MADISON COUNTY

Perpetual

Control #:

1145838

Date Formed:

11/19/2020

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

Hometowne Buildings & Trailers, 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.

Secretary of State

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