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FLORIDA FILING & SEARCH SERVICES, INC.

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DATE: 06/11/24

NAME: HOMERESTORELCOM INC.

TYPE OF FILING: APPLICATION

COST: 70.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: Registration Section Division of Corporation	ns			
SUBJECT: Homerestore 1.com				
SUBJECT.		n - must include suffix		
Dear Sir or Madam:				
The enclosed "Application by F "Certificate of Existence," or "Cabove referenced foreign corporations."	Certificate of Good Star	nding" and check are sub-		
Please return all correspondence	concerning this matte	r to the following:		
Bryan Howard				
	Name of	`Person		
Homerestore1.com Inc.				
	Firm/Cor	npany		
1782 Oakland Hills ct.				
	Addı	ess		
Springboro, Ohio 45066				
	City/State a	and Zip code		
Homerestore1@gmail.com				
E-ma	iil address: (to be used	for future annual report n	otification)	
For further information concern	ing this matter, please	call:		
Bryan Howard	at (3532470		
Name of Person	Area Coo	le Daytime Telepl	none Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Solution of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
-	ORIDA DEPARTMENT	F OF STATE ☐ \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status &	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Homerestorel.	com Inc.			
(Enter name of	corporation; must include "INCORPORATED," Corp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"		
(If name unavai	lable in Florida, enter alternate corporate name a	dopted for the purpose of transacting by	usiness in Florida)	
2. Ohio 3.		99-3455983		
(State or country under the law of which it is incorporated)		(FEI number, if applicable)		
(Date	5 c of incorporation)	(Date of duration, if other than perpetual)		
6				
	(Date first transacted business in	Florida, if prior to registration)		
, 1782 Oakland Hi	(SEE SECTIONS 607.1501 & 607.150 ills ct. Springboro, Ohio 45066	2, F.S., to determine penalty hability)		
<i>I</i>		e street address)	·	
1782 Oakland H	ills ct. Springboro, Ohio 45066			
-	(Current mailing	address, if different)	2024 (117)	
8. Name and stree	ct address of Florida registered agent: (P.O.	Box NOT acceptable)	(-	
Name:	Bryan Howard	· ·	 	
Office Address:	865 Beverly rd.		PH 5	
	Venice	— , Florida ³⁴²⁹³	Tivi June June	
	(City)	(Zip code)		

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS							
Chairman	Name:	Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director	Springboro, Ohio 45066	Director					
■ President		□President					
□Vice President		□Vice President					
☐ Secretary	□Treasurer	□Sccretary		□Treasurer			
□Other	Other	Other		Other			
□Chairman	Name:	☐ Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		Director					
□President	<u> </u>	□President					
□Vice President		□Vice President					
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer			
Other	Other	Other		Other			
□Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		☐ Director					
□President		□President					
□Vice President		□Vice President					
☐ Secretary	Treasurer	Secretary		□Treasurer			
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 Armyal Report form. Bryan Howard Signature of Director or Officer							

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show HOMERESTORE1.COM INC., an Ohio corporation, Charter No. 4647324, having its principal location in Springboro, County of Warren, was incorporated on March 26, 2021 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 11th day of June, A.D. 2024.

Ohio Secretary of State

A filler

Validation Number: 202416301038