F10000001752

(Requestor's Name)				
(Address)				
(Address)				
(City	/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
		ļ		

Office Use Only



600173134576

03/29/10--01031--016 **70.00

SECRETARY OF STA

10 APR 12 PM 3:

W

COVER LETTER

TO: New Filing Section Division of Corporations				
SUBJECT: Platinum Eldercare Inc				
· · · · · · · · · · · · · · · · · · ·	tion - must include suffix			
Dear Sir or Madam:				
The enclosed "Application by Foreign Corporation substitution of Existence," or "Certificate of Good Substitution above referenced foreign corporation to transact bustiles."	standing" and check are subr			
Please return all correspondence concerning this ma	tter to the following:			
John Alexander				
Name	of Person			
Platinum Eldercare Inc				
Firm/C	Company	_		
1872 Joe Crosson Drive #104				
Ac	ldress			
El Cajon, CA 92020				
City/Stat	te and Zip code			
john@platinumeldercare.com				
E-mail address: (to be use	ed for future annual report no	otification)		
For further information concerning this matter, please	se call:			
John Alexander at (858	792-2897			
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING AI New Filing Sec Division of Co P.O. Box 6327 Tallahassee, FI	ction rporations		
Enclosed is a check for the following amount:				
□ \$70.00 Filing Fee □ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee, Certificate of Status & Certified Copy		



March 30, 2010

JOHN ALEXANDER 1872 JOE CROSSON DRIVE #104 EL CAJON, CA 92020

SUBJECT: PLATINUM ELDERCARE INC

Ref. Number: W10000015728

We have received your document for PLATINUM ELDERCARE INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6962.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 910A00007810

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.

(If name unavail	able in Florida, enter alternate corporate n	ame	adopted for the purpose of transacting business in Florida)	_
2. California		_ 3.	27-017810927	_
(State or country	under the law of which it is incorporated)		(FEI number, if applicable)	
4. December 18,		5.	Perpetual	_
(Date	of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")	
6. <u>n/a</u>			.,	_
			n Florida, if prior to registration) 502, F.S., to determine penalty liability)	
7 1872 Joe Cross	on Drive #104, El Cajon CA 92020		,·, ·	
/. <u></u>	(Principal office	add	lress)	-
1872 Joe Cross	son Drive #104, El Cajon CA 92020			
	(Current mailing	add	Iress)	- 3
			AHE	#PR 12
8. Personal care p			S	- 23 -
(Purpose(s) of corporation authorized in home state	or co	ountry to be carried out in state of Florida)	
9. Name and stree	t address of Florida registered agent:	(P.C	D. Box NOT acceptable)	<u>π</u> `
Name:	CT Corporation System			PH 3: 25
Office Address:	1200 South Pine Island Road		<u> </u>	
	Plantation		, Florida 33324	
	(City)		(Zip code)	
Having been nam designated in this further agree to co	application, I hereby accept the appo	intn tes r	ice of process for the above stated corporation at the ment as registered agent and agree to act in this capa relative to the proper and complete performance of m	city. I

11. 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.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS



10 APR 12 PM 3: 25

Chairman	John Alexander	SECRETAGE
Address:	1872 Joe Crosson Drive #104, El Cajon CA 920	SECRETARY UP STATE TALLAHASSEE, FLORIDA
Vice Chai	irman.	
	rman:	
Address:		
Director:		
~.		
Director:		
Address:		
	John Alexander 1872 Joe Crosson Drive #104, El Cajon CA 920	20
Vice Presi	ident:	
Secretary:		
Address:		
Treasurer:		
Address:		
NOTE:	If necessary, you may attach an addendum to the applicat	ion listing additional officers and/or directors.
13	(C)	1 10 (4 1)
₁₄ Johi	(Signature of Director or Officer listed in number Alexander	under 17 of the application)
- ''	(Typed or printed name and capacity of po	erson signing application)



SECRETARY OF STATE TALLAHASSEE, FLORIDA

CERTIFICATE OF STATUS

ENTITY NAME:

PLATINUM ELDERCARE INC

FILE NUMBER:

C3175562

FORMATION DATE: TYPE:

12/18/2008 DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of March 12, 2010.

> **DEBRA BOWEN** Secretary of State