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Special Instructions to	Filing Officer:			

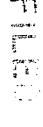
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SCHOOLARY OF STATE
TAIL VHASSEE FLORIDA



J. HARRIS

### COVER LETTER

TO: Registration					
Division of C	_				
SUBJECT:	uardian, Inc				
Name of corporation - must include suffix					
			•		
Dear Sir or Madam:					
"Certificate of Exister	ation by Foreign Corporationce," or "Certificate of Goodign corporation to transact b	! Standing" and check are st	act Business in Florida," abmitted to register the		
Please return all corre Megan Cooney	spondence concerning this n	natter to the following:			
Name of Person					
CareGuardian, Inc					
	Firm	/Company			
525 Broadway 5th Flo	or				
New York, NY 10012		Address			
	City/St	ate and Zip code			
megan@hometeamca	re.com		•		
•	E-mail address: (to be u	sed for future annual report	notification)		
For further information	n concerning this matter, ple	ase call:			
Megan Cooney	917 at (	336-6986 .	·		
Name of Perso		Code Daytime Telep	phone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314					
Bnclosed is a check for	the following amount:				
■ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy		



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

November 13, 2015

MEGAN COONEY 525 BROADWAY 5TH FLOOR NEW YORK, NY 10012

SUBJECT: CAREGUARDIAN, INC. Ref. Number: W15000074764

We have received your document for CAREGUARDIAN, 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):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return 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) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 215A00024040

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## 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. CareGuardian, Inc I. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION." "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 46-5159913 (State or country under the law of which it is incorporated) (FEI number, if applicable) March 20, 2014 (Date of duration, if other than perpetual) (Date of incorporation) N/A 6. (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 525 Broadway 5th Floor, New York, NY 10012 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: Tallahassee 32301 Florida (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. Daniei P. Callahan Corporation Service Company Asst Vice President (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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: \_\_\_ Address: Vice Chairman; \_\_\_\_ IA Ventures Director: 156 Fifth Ave, Suite110 Address: New York, NY 10010 Lux Capital Director: 295 MadisonAve, 24th Floor Address: New York, NY 10017 B. OFFICERS JoshBruno President: 662ndAve#PHA Address: New York, NY 10003 Vice President:

Address:

Secretary:

Address:

Treasurer:

Address:

NOTE: If necessary you may attach an addendum to the application listing additional officers and/or directors.

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.

13. JoshBruno, Chief ExecutiveOfficer

(Typed or printed name and capacity of person signing application)

## Delaware

PAGE 1

## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CAREGUARDIAN, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SECOND DAY OF SEPTEMBER, A.D. 2015.

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151245027

AUTHENT CATION: 2695663

DATE: 09-02-15

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