# M09000001214

(Requestor's Name)			
(Address)			
•			
(Address)			
(Address)			
·			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(			
70			
(Document Number)			
Certified Copies Certificates of Status			
Cassial lands which to Eiling Office			
Special Instructions to Filing Officer:			





700147321797

03/26/09--01028--017 \*\*130.00

O9 NAR 26 PN 1: 01
SECRETARY OF STATE
TALLAHASSE FINANSIA

**S. HAWKES**MAR **2 7** 2009

**EXAMINER** 

## **COVER LETTER**

_	ration Section on of Corporations	
SUBJECT:	Care Her	e of Limited Liability Company)
Florida," Cert		nited Liability Company for Authorization to Transact Business in ck are submitted to register the above referenced foreign limited lorida
Please return	all correspondence concerni	ng this matter to the following:
	Sarah	Houser
		(Name of Person)
	Care He	(Firm/Company)
		(Firm/Company)
	215 James	(Address)
	Brentwood,	TV 37027 (City/State and Zip Code)
For further inf	formation concerning this ma	• ,
<del></del>	Sarah Houser (Name of Person)	at (615) 293. Sou 2— (Area Code & Daytime Telephone Number)
Divisio P.O. B	ING ADDRESS: on of Corporations ox 6327 assee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
	check for the following amo .00 Filing Fee	

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC. (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the writte consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.") (Jurisdiction under the law of which foreign limited liability company is organized) (Duration: Year limited hability company will cease to exist or "perpetual") 03.04.08 (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: 10. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: manage on Site Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Typed or printed name of signee

•
CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE
PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.
1. The name of the Limited Liability Company is:
Care Here LLC
If name unavailable, the alternate name to be used in the state of Florida is:  Careltere FL UC.
2. The name and the Florida street address of the registered agent and office are:
Ray Tombinson c/o Crowne Consulting
Plorida Street Address (P.O. Box NOT ACCEPTABLE)
Ocore FL 34761 City/State/Zip

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application

Designation of Registered Agent

Certified Copy (optional) 30.00

Certificate of Status (optional)

Division of Business Services
312 Rosa L. Parks Avenue
6th Floor, William R. Snodgrass Tower
Nashville, Tennessee 37243

ISSUANCE DATE: 03/02/2009 REQUEST NUMBER: 09061524 TELEPHONE CONTACT: (615) 741-6488

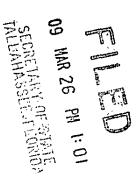
CHARTER/QUALIFICATION DATE: 01/09/2004 STATUS: ACTIVE CORPORATE EXPIRATION DATE: PERPETUAL CONTROL NUMBER: 0460951 JURISDICTION: TENNESSEE

TO: SARAH HOUSER- CAREH ERE LLC 215 JAMESTOWN PARK D STE 204 BRENTWOOD, TN 37027 REQUESTED BY: SARAH HOUSER- CAREH ERE LLC 215 JAMESTOWN PARK D STE 204 BRENTWOOD, TN 37027

### CERTIFICATE OF EXISTENCE

I, TRE HARGETT, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT
"CAREHERE, LLC"

A LIMITED LIABILITY COMPANY DULY FORMED UNDER THE LAW OF THIS STATE WITH DATE OF FORMATION AND DURATION AS GIVEN ABOVE! THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE EXISTENCE OF THE LIMITED LIABILITY COMPANY HAVE BEEN PAID: THAT THE MOST RECENT LIMITED LIABILITY ANNUAL REPORT REQUIRED HAS BEEN FILED; THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND THAT ARTICLES OF TERMINATION OF THE EXISTENCE HAVE NOT BEEN FILED.



FOR: REQUEST FOR CERTIFICATE

ON DATE: 03/02/09

RECEIVED:

FEES #20.00

40.00

TOTAL PAYMENT RECEIVED:

♦20.00

RECEIPT NUMBER: 00004540007 ACCOUNT NUMBER: 00478652

FROM: CAREHERE LLC

567 HIDWAY CIRCLE

BRENTWOOD, TN 37027-0000

TRE HARDÉTT SECRETARY OF STATE

68-4458