



JUL 25 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 20, 2016

OLEN LAW OFFICE ELLIOT MARK OLEN, ESQUIRE
THE OFFICES AT OXFORD CROSSING
333 OXFORD VALLEY ROAD STE 302
FAIRLESS HILLS, PA 19030

SUBJECT: BLESSINGS4EVER HOME CARE AGENCY LLC
Ref. Number: W16000050367

We have received your document for BLESSINGS4EVER HOME CARE AGENCY LLC and your check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We have received your document for BLESSINGS4EVER HOME CARE AGENCY LLC and check(s) totaling \$100.00. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$25.00. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

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.

Shelia H Young
Regulatory Specialist II

Letter Number: 116A00015181

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 AUG - 3 AM 10: 17

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2016 AUG - 1 PM 4: 15

OLEN LAW OFFICE

Elliot Mark Olen, Esquire

*The Offices At Oxford Crossing
333 Oxford Valley Road
Suite 302
Fairless Hills, Pa. 19030*

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E-mail: e.olen@olenlaw.com
www.olenlaw.com

July 15, 2016

Florida Department of State
Division of Corporations
Registration Section
Post Office Box 6327
Tallahassee, FL 32314

Re: Blessings4Ever Home Care Agency LLC
Application by Foreign Limited Liability Company
for Authorization to Transact Business in Florida

FILED STATE
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
16 AUG -3 AM 10:17

Dear Sir or Madam:

Enclosed please find a an Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, with Certificate of Good Standing and with Cover letter, along with a **\$100.00** check for the filing fee.

Kindly process the form. An extra copy is enclosed for time-stamping and returning to this office along with a receipt for the filing fee complete with envelope to do so.

Should you have any questions, please do not hesitate to contact me.

Sincerely,



Elliot Mark Olen

EMO/jltm

Encs. (Application, Certificate of Good Standing, check and reply envelope)

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Blessings4Ever Home Care Agency LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Gloria Velez

Name of Person

Firm/Company

4318 I Street

Address

Philadelphia, Pa. 19124

City/State and Zip Code

avelez@cedarwoodscaremanagement.org

E-mail address: (to be used for future annual report notification)

FILED STATE
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
16 AUG - 3 AM 10: 17

For further information concerning this matter, please call:

Angela Velez at (267) 474-6824

Name of Contact Person Area Code Daytime Telephone Number

MAILING ADDRESS:
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & Certified Copy \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Blessings4Ever Home Care Agency LLC
(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. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Pennsylvania 3. 46-1522980
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 17221 Camelot # 101, Land O Lakes, Florida 34638
(Street Address of Principal Office)

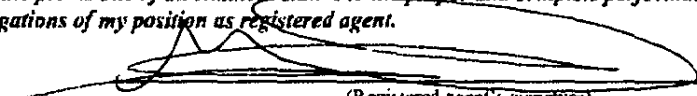
6. 17221 Camelot # 101, Land O Lakes, Florida 34638
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Madeline Villa
Office Address: 17221 Camelot #101
Land O Lakes, Florida 34638
(City) (Zip code)

Registered agent's acceptance:

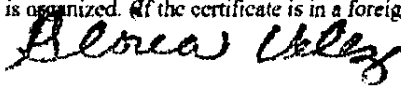
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Gloria Velez, Managing Member
4318 I Street
Philadelphia, Pa. 19124

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)



Signature of an authorized person

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.

Gloria Velez

Typed or printed name of signer

FILED
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
16 AUG - 3 AM 10: 17

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
07/14/2016

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Blessings4Ever Home Care Agency LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 AUG -3 AM 10: 17



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Pedro A. Cortes

Secretary of the Commonwealth

Certification Number: TSC160714151104-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify.aspx>