

F14000003620

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

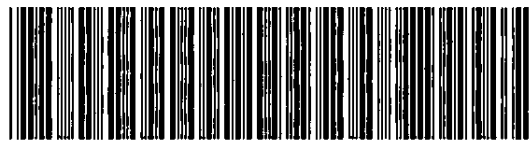
(Document Number)

Certified Copies _____ Certificates of Status ✓

Special Instructions to Filing Officer:

Office Use Only

W14-211961



300262461133

07/21/14--01038--005 **78.75

FILED
2014 AUG 27 PM 12:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



RECEIVED

14 AUG 27 AM 11:27

FLORIDA DEPARTMENT OF STATE
Division of Corporations
TALLAHASSEE, FLORIDA

August 11, 2014

AILEEN ROWELL
131 IMPERIAL HEIGHTS DR
ORMOND BEACH, FL 32176

SUBJECT: BARON'S RESIDENTIAL CARE, INC.
Ref. Number: W14000044901

We have received your document for BARON'S RESIDENTIAL CARE, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

PLEASE NOTE: You have included an alternate name in your document that is not allowed under corporate law. If you want to do business in Florida under a different name other than the one you incorporated under, you will need to file a fictitious name application. You can find this form on our website at www.sunbiz.org.

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

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) 245-6052.

Sylvia Gilbert
Regulatory Specialist II

Letter Number: 014A00015712

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Baron's Residential Care Inc

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Aileen Rowell

Name of Person

Firm/Company

131 Imperial Heights Dr

Address

Ormond Beach ,Florida 32176

City/State and Zip code

hotspurbud@gmail.com

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

For further information concerning this matter, please call:

Harold Rowell

Name of Person

at (619) 920 1345

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

**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.

1. **Baron's Residential Care Inc**

(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)

2. **California**

(State or country under the law of which it is incorporated)

3. _____

(FEI number, if applicable)

4. **June 30 1994**

(Date of incorporation)

5. **perpetual**

(Duration: Year corp. will cease to exist or "perpetual")

6. **none**

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **131 Imperial Heights Drive, Ormond Beach, Florida 32176**

(Principal office address)

131 Imperial Heights Drive, Ormond Beach, Florida 32176

(Current mailing address)

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

Name: **Aileen Rowell**

Office Address: **131 Imperial Heights Dr**

Ormond Beach

(City)

, Florida **32176**

(Zip code)

FILED
2014 AUG 27 PM 12:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

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

A. DIRECTORS

Chairman: Harold F Rowell Jr

Address: 5289 Lodi Street ,San Diego ,California 92117

Vice Chairman: _____

Address: _____

Director: Aileen Rowell

Address: 131 Imperial Heights Drive,Ormond Beach Florida 32176

Director: _____

Address: _____

B. OFFICERS

President: Aileen Rowell

Address: 131 Imperial Heights Drive,Ormond Beach Florida 32176

Vice President: _____

Address: _____

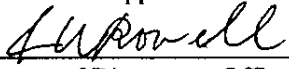
Secretary: Harold F Rowell Jr

Address: 5289 Lodi Street,San Diego California 92117

Treasurer: Harold F Rowell Jr

Address: 5289 Lodi Street,San Diego California 92117

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

12. 
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 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. Aileen Rowell,President and Director

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

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

BARON'S RESIDENTIAL CARE, INC.

FILE NUMBER: C1872542
FORMATION DATE: 06/30/1994
TYPE: 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 August 20, 2014.

Debra Bowen

DEBRA BOWEN
Secretary of State