

FOOOOOO 5938

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOME LIVING ASSISTANCE 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", 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:

RICHARD E. MURRAY

(Name of Person)

HOME LIVING ASSISTANCE INC.

(Firm/Company)

1811 COLONIAL DRIVE

(Address)

GREEN COVE SPRINGS, FL 32043

(City/State and Zip code)

100003426171--8
-10/16/00--01110--012
****122.50 ****78.75

For further information concerning this matter, please call:

RICHARD E. MURRAY
(Name of Person)

at (904-284-1897)
(Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration 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

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TALLAHASSEE, FLORIDA

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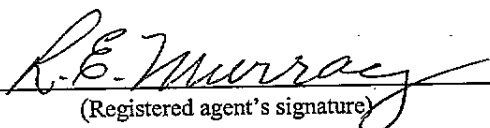
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*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.*

1. HOME LIVING ASSISTANCE INC.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. DELAWARE 3. APPLIED FOR
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. OCTOBER 2, 2000 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. UPON AUTHORIZATION
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 1811 COLONIAL DRIVE
(Principal office address)
GREEN COVE SPRINGS, FL 32043
(Current mailing address)
8. ASSISTING/VISITING HOME BOUND PERSONS
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)
Name: RICHARD E. MURRAY
Office Address: 1811 COLONIAL DRIVE
GREEN COVE SPRINGS, Florida 32043
(City) (Zip code)

10. 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)

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.

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

A. DIRECTORS

Chairman: RICHARD E. MURRAY
Address: 1811 COLONIAL DRIVE
GREEN COVE SPRINGS, FL 32043

Vice Chairman: _____
Address: _____

Director: RICHARD E. MURRAY
Address: 1811 COLONIAL DRIVE
GREEN COVE SPRINGS, FL 32043

Director: _____
Address: _____

B. OFFICERS

President: RICHARD E. MURRAY
Address: 1811 COLONIAL DRIVE
GREEN COVE SPRINGS, FL 32043

Vice President: _____
Address: _____

Secretary: RICHARD E. MURRAY
Address: 1811 COLONIAL DRIVE, GREEN COVE SPRINGS, FL 32043

Treasurer: _____
Address: _____

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

13. R.E. Murray, President
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. RICHARD E. MURRAY, PRESIDENT
(Typed or printed name and capacity of person signing application)

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "HOME LIVING ASSISTANCE 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 TENTH DAY OF OCTOBER,
A.D. 2000.

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Edward J. Freel

Edward J. Freel, Secretary of State
AUTHENTICATION: 0724071

DATE: 10-10-00