## CT FRO STED 00002754

CORPORATION(S) NAME		CLAMPSEE, FLORING	
US HomeCare of Florida, Inc.		Fig. 3	
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- 12-17-1 - 12-17-1		*************************************	**70.00
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(X) Profit	() Amendment	() Merger	
() Nonprofit	() =		
(X) Foreign	() Dissolution/Withdrawal	() Mark	
	() Reinstatement		
() Limited Partnership	() Annual Report	() Other	
()LLC	() Name Registration	() Change of RA	
	() Fictitious Name	() UCC	
() Certified Copy	() Photocopies	() CUS	
49-PV			
() Call When Ready	() Call If Problem	() After 4:30	
(x) Walk In	() Will Wait	(x) Pick Up	
() Mail Out			
37	5/22/01	Order#: 4063481	
Name	5/22/01	Older#. 4005481	
Availability Document			
Examiner		Ref#:	
Updater		· · · · · · · · · · · · · · · · · · ·	
Verifier		VIO	
W.P. Verifier		Amount: \$	
		OR C	e auf Trans
		O1 NAY 22 FN 12: DIVISION OF CORPORA  Amount: \$	
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660 East Jefferson Street		8K 🕴 🚆 🖫 🧏	- 4 5- <sub>2</sub>
Tallahassee, FL 32301	· · · · · · · · · · · · · · · · · · ·		; 
Tel. 850 222 1092		≥ 'Y -	<b></b>

A CCH LEGAL INFORMATION SERVICES COMPANY

Fax 850 222 7615

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

1. US HomeCa	are of Florida, Inc.	<b>美元</b> 2	``{
(Name of conwords or abb	poration; must include the word "INCORPOR	ATED", "COMPANY", "CORPORATION" or early indicate that it is a corporation instead of a e at present.)	5/1/2 mm 3: 34
2. Delaware		3. applied for	5
	ntry under the law of which it is incorporated)	(FEI number, if applicable)	
1. <u>04/19/2001</u>	Pate of incorporation)	5. Perpetual  (Duration: Year corp. will cease to exist or "perpetual")	
	• ,	<del></del>	
(Date first tran	esacted business in Florida, If compared to		
(- 410 442	(SEE SECTIONS 607.13	not transacted business in Florida, insert "upon qualification.") 501, 607.1502 and 817.155, F.S.)	
6125 Memor	ial Drive, Dublin, OH 43017	the state of the s	
	(Principal office a	address)	
same			•
same	(Current mailing a	iddress)	
	(Current mailing a wful acts and activities	address)	
any and all la	wful acts and activities	address)	
any and all la	wful acts and activities	address)	
any and all la (Purpos	wful acts and activities  e(s) of corporation authorized in home state or	country to be carried out in state of Florida)	· ;
any and all la (Purpos  Name and s	wful acts and activities  e(s) of corporation authorized in home state or  treet address of Florida registered agent	address)	
any and all la (Purpos  Name and s  Name:	wful acts and activities  e(s) of corporation authorized in home state or  treet address of Florida registered agen  C T Corporation System	country to be carried out in state of Florida)  t: (P.O. Box or Mail Drop Box NOT acceptable)	
any and all la (Purpos  Name and s  Name:	wful acts and activities  e(s) of corporation authorized in home state or  treet address of Florida registered agent	country to be carried out in state of Florida)  t: (P.O. Box or Mail Drop Box NOT acceptable)	
any and all la (Purpos  Name and s  Name:	wful acts and activities  e(s) of corporation authorized in home state or  treet address of Florida registered agen  C T Corporation System  1200 South Pine Island Road	country to be carried out in state of Florida)  t: (P.O. Box or Mail Drop Box NOT acceptable)	
any and all la (Purpos Name and s Name:	wful acts and activities  e(s) of corporation authorized in home state or  treet address of Florida registered agen  C T Corporation System  1200 South Pine Island Road	country to be carried out in state of Florida)  t: (P.O. Box or Mail Drop Box NOT acceptable)  , Florida 33324	
any and all la  (Purpos  Name and s  Name:  ffice Address:	wful acts and activities  e(s) of corporation authorized in home state or  treet address of Florida registered agen  C T Corporation System  1200 South Pine Island Road  Plantation  (City)	country to be carried out in state of Florida)  t: (P.O. Box or Mail Drop Box NOT acceptable)	
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any and all la  (Purpos  Name and s  Name:  ffice Address:  Registered aving been na signated in the other agree to	wful acts and activities  e(s) of corporation authorized in home state or  treet address of Florida registered agent  C T Corporation System  1200 South Pine Island Road  Plantation  (City)  agent's acceptance:  med as registered agent and to accept ser  is application, I hereby accept the appoint  comply with the provisions of all statutos	country to be carried out in state of Florida)  t: (P.O. Box or Mail Drop Box NOT acceptable)  , Florida 33324 (Zip code)  rvice of process for the above stated corporation at the place timent as registered agent and agree to act in this capacity.	·e I
any and all la  (Purpos  Name and s  Name:  ffice Address:  Registered aving been na signated in the rther agree to	wful acts and activities  e(s) of corporation authorized in home state or  treet address of Florida registered agent  C T Corporation System  1200 South Pine Island Road  Plantation  (City)  agent's acceptance:  med as registered agent and to accept ser  is application, I hereby accept the appoint  comply with the provisions of all statutos	country to be carried out in state of Florida)  t: (P.O. Box or Mail Drop Box NOT acceptable)  , Florida 33324 (Zip code)  rvice of process for the above stated corporation at the place timent as registered agent and agree to act in this capacity.	·e I
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any and all la (Purpos Name and s Name: ffice Address: Registered aving been na signated in th rther agree to ties, and I am	wful acts and activities  e(s) of corporation authorized in home state or  treet address of Florida registered agent  C T Corporation System  1200 South Pine Island Road  Plantation  (City)  agent's acceptance:  med as registered agent and to accept ser is application, I hereby accept the appoint comply with the provisions of all statutes familiar with and accept the obligations	country to be carried out in state of Florida)  t: (P.O. Box or Mail Drop Box NOT acceptable)  , Florida 33324 (Zip code)  vice of process for the above stated corporation at the place atment as registered agent and agree to act in this capacity of my position as registered agent.	ce I

under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:	
A. DIRECTORS	48 9 A
Chairman: Donald Ayers	10000000000000000000000000000000000000
Address: 6125 Memorial Drive	35 8 6
Dublin, OH 43017	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Vice Chairman:	ON THE SE
Address:	<del>7</del>
Director:	
Address:	· · · · · · · · · · · · · · · · · · ·
Director:	
Address:	
	<del>-</del>
3. OFFICERS	
resident: Chuck Jennings	<u>ann an an Geologia (an Gallagaean an Air</u>
address: 6125 Memorial Drive	
Dublin, OH 43017	
ice President:	MET.
ddress:	
ccretary	
dress	
easurer:	
easurer:	
Idress:	F & P & 27
OTE: If necessary, you may attach an addendum to the application listing	
(Signature of Chairman, Wice Chairman, or any officer listed	d in number 12 of the application)

## State of Delaware Office of the Secretary of State PAGE 1

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "US HOMECARE OF FLORIDA, 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 TWENTY-THIRD DAY OF APRIL, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

FILED

O1 MAY 22 PM 3: 34
SECRETARY OF STATE
SECRETARY OF STATE
SECRETARY OF STATE



Harriet Smith Windson, Secretary of State

AUTHENTICATION: 1094692

DATE: 04-23-01

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