# 63000002736

Office Use Only



400019152774

06/02/03--01058--011 \*\*78.75

103-2736

A

RECEIVED

03 JUN -2 AN II: 28

DIVISION OF CURPOLATION

#### **CT** CORPORATION

June 2, 2003

Secretary of State, Florida 409 East Gaines Street Tallahassee FL 32399

Re:

Order #: 5861951 SO

Customer Reference 1: Will follow

Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

All Metro Home Care Services of Florida, Inc. (DE)

Qualification

Florida

Plaza Domestic Services Agency of Florida, Inc. (DE)

Qualification

Florida'

w Centified Copy

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

. Melanie Steinbland

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

#### TRANSMITTAL LETTER

	ion Section of Corporations					
SUBJECT: P	LAZA DOMESTIC SEI	RVICES AGENC	Y OF FLORIDA, INC.			
			n - must include suffix)	)	···	_
Dear Sir or Mada	ım:					
The enclosed "Ap" "Certificate of Ex to transact busine	kistence", and check a	Corporation for re submitted to r	Authorization to Transa egister the above refere	act Business in lanced foreign co	Florida", orporation	
Please return all	correspondence conce	rning this matter	to the following:			
, .Au		(Name of	Paman	- " 💥 -	<u> </u>	
		(mante or	i cisoli)			
		(Firm/Co	mnony	<u> </u>	<del></del>	<u> </u>
		(Finisco	mpany)			8
, , en	- <del> </del>	(Addı	acc)	<u> 14 · · · · · · · · · · · · · · · · · · </u>	1.(1	
		(Auui	C55)		7, \$17 5 m. f 77	4 m
		(City/State a	and Zip code)			2 <mark> 판단</mark> : 6
	_	(ony,oute.	a 2.1p 0000)		19783 1978 1973	773 565
For further inform	nation concerning this	s matter, please of	call:			<u> </u>
		at (	)			
(Name o	f Person)	(Area (	)	none Number)	<del></del>	
STREET ADDR Registration Sect Division of Corpo 409 E. Gaines St. Tallahassee, FL	ion orations		MAILING ADDRES Registration Section Division of Corporati P.O. Box 6327 Tallahassee, FL 3231	ons		
□ \$70.00 Filing	Fee 🗇 \$78.75 Fil		\$78.75 Filing Fee & Certified Copy	S87.50 Fi Certifica Certified	te of Statu	15 <b>&amp;</b>

#### 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.

(State or country under the law of which it is incorporated)  4. MAY 5, 2003	(Name of corpo	STIC SERVICES AGENCY OF FLORIDA ration; must include the word "INCORPOR	ATE	D", "COMPANY", "CORPORATION" or			• . •
(State or country under the law of which it is incorporated)  4. MAY 5, 2003  5. PERPETUAL (Duration: Year corp. will cease to exist or "perpetual")  6. UPON QUALIFICATION (Dute first transacted business in Florida. It corporation has not transacted business in Florida, insert "upon qualification.")  (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)  7. 50 BROADWAY, LYNBROOK, NY 11563 (Principal office address)  50 BROADWAY, LYNBROOK, NY 11563 (Current mailing address)  8. ANY LAWFUL ACT (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: CT Corporation System  Office Address: 1200 South Pine Island Road,  Plantation, (City)  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							
5. PERPETUAL (Date of incorporation) (Date of incorporation) (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. 50 BROADWAY, LYNBROOK, NY 11563 (Principal office address)  50 BROADWAY, LYNBROOK, NY 11563 (Current mailing address)  8. ANY LAWFUL ACT (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: CT Corporation System  Office Address: 1200 South Pine Island Road, Plantation, (City)  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	2. DELAWARE		3.	43-2015292			
(Date of incorporation)  (Duration: Year corp. will cease to exist or "perpetual")  6. UPON QUALIFICATION  (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. 50 BROADWAY, LYNBROOK, NY 11563  (Principal office address)  50 BROADWAY, LYNBROOK, NY 11563  (Current mailing address)  8. ANY LAWFUL ACT  (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: CT Corporation System  Office Address: 1200 South Pine Island Road,  Plantation,  (City)  (City)  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	(State or country	under the law of which it is incorporated)	-	(FEI number, if applicable)			
(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. 50 BROADWAY, LYNBROOK, NY 11563  (Principal office address)  50 BROADWAY, LYNBROOK, NY 11563  (Current mailing address)  8. ANY LAWFUL ACT  (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: CT Corporation System  Office Address: 1200 South Pine Island Road,  Plantation, , Florida 33324  (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	4. MAY 5, 2003		5.	PERPETUAL		_	<b>₹</b> #/ •
(Date first transacted business in Florida. It corporation has not transacted business in Florida, insert "upon qualification.")  (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)  7. 50 BROADWAY, LYNBROOK, NY 11563  (Principal office address)  50 BROADWAY, LYNBROOK, NY 11563  (Current mailing address)  8. ANY LAWFUL ACT  (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: CT Corporation System  Office Address: 1200 South Pine Island Road,  Plantation, , Florida 33324  (City)  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	(Dat	e of incorporation)		(Duration: Year corp. will cease to exist or "p	erpetual")	+	
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)  7. 50 BROADWAY, LYNBROOK, NY 11563  (Principal office address)  50 BROADWAY, LYNBROOK, NY 11563  (Current mailing address)  8. ANY LAWFUL ACT  (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: CT Corporation System  Office Address: 1200 South Pine Island Road,  Plantation, , Florida 33324  (City)  (City)						_	_ ="44
(Principal office address)  50 BROADWAY, LYNBROOK, NY 11563  (Current mailing address)  8. ANY LAWFUL ACT  (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: CT Corporation System  Office Address: 1200 South Pine Island Road,  Plantation, , Florida 33324  (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	(Date first transa				lification.	")	
(Current mailing address)  8. ANY LAWFUL ACT (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: CT Corporation System  Office Address: 1200 South Pine Island Road,  Plantation, (City)  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	7. 50 BROADWA			- · · · · · · · · · · · · · · · · · · ·		_	_**
(Current mailing address)  8. ANY LAWFUL ACT  (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: CT Corporation System  Office Address: 1200 South Pine Island Road,  Plantation, , Florida 33324  (City)  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		(Principal office	addı	ress)			
8. ANY LAWFUL ACT  (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: CT Corporation System  Office Address: 1200 South Pine Island Road,  Plantation,  (City)  (City)  (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	50 BROADWA				<u> </u>	<u>.</u>	<u></u>
(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: CT Corporation System  Office Address: 1200 South Pine Island Road,  Plantation,  (City)  To represent the stand Road,  (City)  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		(Current mailing	addı	ress)	- in	£ 3 €3	- ,- / -
(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: CT Corporation System  Office Address: 1200 South Pine Island Road,  Plantation,  (City)  To represent the stand Road,  (City)  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		·				( ;	
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  Name: CT Corporation System  Office Address: 1200 South Pine Island Road,  Plantation, Florida 33324  (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			er co	untry to be carried out in state of Florida)	7.4	<del></del>	
Office Address: 1200 South Pine Island Road,  Plantation, , Florida 33324 (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		-					
Office Address: 1200 South Pine Island Road,  Plantation, , Florida 33324 (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	9. Name and str	eet address of Florida registered age	nt:	(P.O. Box or Mail Drop Box NOT accepta	ble)	=	
Office Address: 1200 South Pine Island Road,  Plantation, , Florida 33324 (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	Name:	C T Corporation System			The state of the s	$\sim$	
Plantation, , Florida 33324 (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	Office Address	1200 South Pine Island Road			٠, ١	\$ <sup>27</sup> }	
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	Office Address:	1200 Bount I the Island Road,		<u>and the state of </u>			
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				, Florida <u>33324</u>			
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		(City)		(Zip code)			
designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I	10. Registered a	igent's acceptance:					
uesignatea in this application, 1 nereby accept the appointment as registered agent and agree to act in this capacity. 1							
further agree to comply with the provisions of all statutes relative to the proper and complete performance of my	uesignatea in ini further agree to	s upplication, I hereby accept the uppo comply with the provisions of all statut	unu tes 1	nem as registereu agem and agree to act is elative to the proper and complete perform	n inis cu <sub>j</sub> nance of	распу Эпу	
duties, and I am familiar with and accept the obligations of my position as registered agent.	duties, and I am	familiar with and accept the obligation	ns o	f my position as registered agent.	·	•	
C T Corporation System		C T Corpor	atio	a System			
$\epsilon$ .		<i>A</i> .					
By: / Bayer (Registered agent's signature)	Ву	: / Brow Bagen ( Paristand agent	ام رود	(enstern)	-1 -		• •

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.

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

	T . T	*	- A		
Α.	3 3 5	3.7	$\mathbf{EC}$		11.7
<i>a</i> .	v	11		1 13	11.7

Chairman: SCOTT REDDING MIX	ER	<u> </u>		·· · · · ·	- <u> </u>	<u> </u>	-::
Address: 50 BROADWAY, LYNI	BROOK, NY 11563	<u> </u>		<u> </u>	<u> </u>	· TPT	<u> </u>
							<u>, 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 </u>
Vice Chairman:							
Address:					~		
							,
Director:							
Address:							
1							
Director		· · · · · · · · · · · · · · · · · · ·			·		
Director:							
Address:							
B. OFFICERS		<del> </del>	<u> </u>		e in		
President: SCOTT REDDING MIXE	TD				1_ -0_61+	€ . 	
		<u> </u>			11,-5	3	15
Address: 50 BROADWAY, LYNB	ROOK, N1 11303			<u> </u>			<del>-</del> 8
<del> </del>					<u> </u>	0 - <u>22</u> -	
Vice President:						4. <del></del>	57
Address:			<u> </u>	. <u></u>	<u> =</u>	ers r <sub>es</sub> ner	<u>* 51 - 11 .</u>
. 1.1.	<u> </u>	<u> </u>	<u>.,                                     </u>	<u> </u>		· · · ·	
Secretary:			<u> </u>	:	<u></u>		
Address:	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						- Haz
Freasurer:			' ,,				<u>, .</u>
Address:			,			120	
NOTE: If necessary, you may at	200 2-15	7					
13. Signature of Cha	nirman, Vice Chairman, o	or any officer listed	in numb	er 12 of th	e applicatio	n)	<u>=</u> '
14. SCOTT REDDING MIXER, C	CHAIRMAN				34		Box .
(Typed o	r printed name and capac	city of person signir	ng applic	ation)			

PAGE 1

## Delaware

### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PLAZA DOMESTIC SERVICES AGENCY 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-NINTH DAY OF MAY, A.D. 2003.

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



Darriet Smith Windson, Secretary of State

AUTHENTICATION: 2443499

DATE: 05-29-03

3654596 8300

030354004