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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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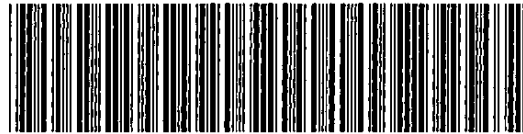
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 SEP -6 PM 12:56

APPROVED
AND
FILED

W07-42085

B. McKnight SEP 07 2007

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Area Connect
(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:

Cathy R. Mohebbi
(Name of Person)

Area Connect
(Firm/Company)

PO Box 911
(Address)

Hurricane WV 25526
(City/State and Zip code)

For further information concerning this matter, please call:

Cathy R. Mohebbi at 304, 562-4455
(Name of Person) (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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 27, 2007

CATHY R MOHEBBI
PO BOX 911
HURRICANE, WV 25526

SUBJECT: ARREA CONNECT INC.
Ref. Number: W07000042085

We have received your document for ARREA CONNECT 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):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

The document must contain both the street address of the principal office and the mailing address of the entity.

A brief description of the entity's nature of business must be included in the document.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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 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) 245-6931.

Becky McKnight
Document Specialist
New Filing Section

Letter Number: 107A00051489

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. Area Connect Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. WU

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

3. 161760592

(FEI number, if applicable)

4. 2006

(Date of incorporation)

5. Perpetual

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

6. _____

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

7. 3400 Trays Valley Rd. Hurricane WU 25526

(Principal office address)

PO Box 911 Hurricane WU 25526

(Current mailing address)

8. To provide homecare by homemakers in people's homes

(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 NOT acceptable)

Name: GY Corporate Services, Inc.

Office Address: 2 S. Biscayne Blvd., Suite 3400

Miami

(City)

, Florida 33131

(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.

X Atkin J. Fure

(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.

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

A. DIRECTORS

Chairman: Cathy R. Mohebbi
Address: PO Box 911
Hurricane WV 25526

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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AND
FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. OFFICERS

President: Cathy R. Mohebbi
Address: PO Box 911
Hurricane WV 25526

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. Cathy R. Mohebbi President

(Signature of Director or Officer listed in number 12 of the application)

14. Cathy R. Mohebbi President

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

State of West Virginia



Certificate

*I, Betty Ireland, Secretary of State of the
State of West Virginia, hereby certify that*

AREA CONNECT, INC.

was incorporated under the laws of West Virginia and a Certificate of Incorporation was issued
by the West Virginia Secretary of State's Office on May 22, 2006.

I further certify that the corporation has not been revoked by the State of West Virginia nor has
the West Virginia Secretary of State issued a Certificate of Dissolution to the corporation.

Accordingly, I hereby issue this

CERTIFICATE OF EXISTENCE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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APPROVED
AND
FILED



*Given under my hand and the
Great Seal of the State of
West Virginia on this day of
September 4, 2007*

Betty Ireland

Secretary of State