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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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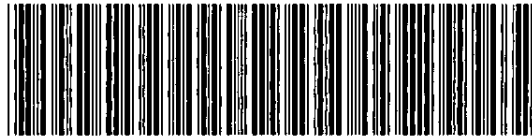
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

3111  
[Signature]

A Non-Profit Organization



**File Withdrawal First**  
**File New File Second**

Dear Mam or Sir,

Our Delaware Corporation is currently licensed to do business in Florida as a FOR PROFIT. However, we have changed and are now a NONPROFIT organization. Our name and all else remains the same.

Therefore, we understand that we must first withdraw our for profit corporation and, secondly file a New Filing for our nonprofit. However, it is of utmost importance that we complete this process as quickly as possible so as not to be unlicensed to do business in Florida for an extended period of time. Therefore, I have sent BOTH the requests for Withdrawal and New Filing at the same time.

**Therefore, I respectfully request that you please file the Withdrawal first, and secondly file the New Filing.** [I am attaching the paperwork for the other filing as well in case this may help or answer any questions for you].

Thank you for your attention to this matter, and if you should have any questions about this please call me at 239-272-4110.

With many thanks,

**Shannon Houk**  
*CFO & General Counsel*  
**Herocare, Inc.**  
**(877) HERO-411 ext.5** (877-437-6411)  
**shouk@herocare.org**  
**www.Herocare.org**

A Non-Profit Organization



## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Herocare, Inc.  
(Name of Corporation – must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Shannon Houk

(Name of Person)

Herocare, Inc.

(Firm/Company)

8695 College Parkway; Suite 219

(Address)

Ft. Myers, FL 33919

(City/State and Zip Code)

For further information concerning this matter, please call:

Shannon Houk

(Name of Person)

at ( 877 ) 437-6411

(Area Code & Daytime Telephone Number)

**MAILING ADDRESS:**

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

**STREET/COURIER ADDRESS:**

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

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 NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO  
CONDUCT ITS AFFAIRS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN  
THE STATE OF FLORIDA:*

1. Herocare, Inc.  
(Name of corporation: must include the word "INCORPORATED" or "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. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
2. Delaware 3. 20-5599108  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. September 6, 2006 5. n/a  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. n/a  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 8695 College Parkway; Suite 219; Ft. Myers, FL 33919  
(Principal office address)
- 8695 College Parkway; Suite 219; Ft. Myers, FL 33919  
(Current mailing address)

8. Services related to real estate and other affiliates or related services.

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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

Name: Lane Houk

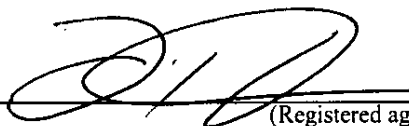
Office Address: 8695 College Parkway

Ft. Myers, Florida 33919  
(City) (Zip Code)

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TALLAHASSEE, FLORIDA

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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TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

Chairman: Lane Houk

Address: 8695 College Parkway; Suite 219;  
Ft. Myers, FL 33919

Vice Chairman: n/a

Address: n/a

Director: Lee Houk

Address: 8695 College Parkway; Suite 219;  
Ft. Myers, FL 33919

Director: Shannon Houk

Address: 8695 College Parkway; Suite 219;  
Ft. Myers, FL 33919

**B. OFFICERS**

President: Lane Houk

Address: 8695 College Parkway; Suite 219;  
Ft. Myers, FL 33919

Vice President: Lee Houk

Address: 8695 College Parkway; Suite 219;  
Ft. Myers, FL 33919

Secretary: Lee Houk

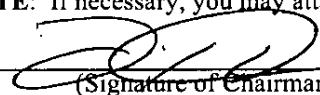
Address: 8695 College Parkway; Suite 219; Ft. Myers, FL 33919

Treasurer: Shannon Houk

Address: 8695 College Parkway; Suite 219; Ft. Myers, FL 33919

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

13.

  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14.

Lane Houk

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

**ADDENDUM TO**  
**Application by Foreign Corporation For Authorization to Transact Business in Florida**  
**FOR**  
**Herocare, Inc.**

**A. Directors – Addendum**

Alyson Gonzalez – 8695 College Parkway; Suite 219; Ft. Myers, FL 33919

Alan Gonzalez – 8695 College Parkway; Suite 219; Ft. Myers, FL 33919

**B. Officers – Addendum**

**Chief Executive Officer:** Lane Houk

**Address:** 8695 College Parkway; Suite 219  
Ft. Myers, FL 33919

**Chief Financial Officer:** Shannon Houk

**Address:** 8695 College Parkway; Suite 219  
Ft. Myers, FL 33919

**Chief Creative Officer:** Alyson Gonzalez

**Address:** 8695 College Parkway; Suite 219  
Ft. Myers, FL 33919

**Chief Operations Officer:** Alan Gonzalez

**Address:** 8695 College Parkway  
Ft. Myers, FL 33919

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TALLAHASSEE, FLORIDA

# Delaware

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*The First State*

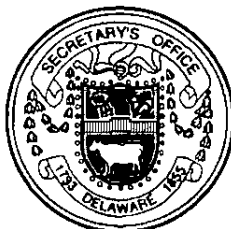
I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HEROCARE, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF FEBRUARY, A.D. 2008.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6406226

DATE: 02-26-08