

FO 900001762

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT

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MAIL

(Business Entity Name)

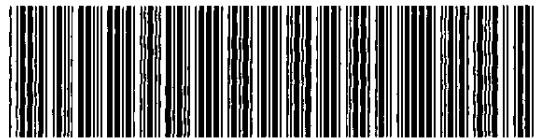
(Document Number)

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STATE  
ILLINOIS, FLORIDA

09 APR 23 21:03

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EF 4/28/09

4269000015714



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 3, 2009

RUBY BROWN  
8336 OFFICE PARK DRIVE  
DOUGLASVILLE, GA 30134

SUBJECT: ASSURED & ASSOCIATES PERSONAL CARE OF GEORGIA, INC.  
Ref. Number: W09000015714

We have received your document for ASSURED & ASSOCIATES PERSONAL CARE OF GEORGIA, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

The registered agent must sign accepting the designation.

Please return 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) 245-6062.

Eula Peterson  
Regulatory Specialist II

Letter Number: 209A00011356

## COVER LETTER

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

**SUBJECT:** Assured Associates Personal Care of Georgia  
(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:

Ruby Brown

(Name of Person)

Assured Associates Personal Care of Georgia, Inc.

(Firm/Company)

8336 Office Park Drive

(Address)

Douglasville, GA 30134

(City/State and Zip code)

For further information concerning this matter, please call:

Ruby Brown

(Name of Person)

at (678) 391-0140

(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

**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. Assured Associates Personal Care of Georgia, Inc  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Assured Associates Personal Care of Georgia, Inc  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Georgia 3. 201362431  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 7-4-2004 5. Perpetual  
(Date of incorporation) (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. 8336 Office Park Drive Douglasville GA.  
(Principal office address)

8336 Office Park Drive Douglasville GA.  
(Current mailing address)

8. Personal In home Care  
(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: Vanessa Pierre

Office Address: 4716 O'Keefe St.

Orlando, Florida 32808  
(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.*

Vanessa Pierre  
(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: Ruby C. Brown

Address: 9808 Forest Hill Drive  
Douglasville, Ga. 30135

Vice Chairman: Charles M. Brown

Address: 9808 Forest Hill Drive  
Douglasville, Ga. 30135

Director: Dawnette McIntosh

Address: 3003 Olde Tabby Drive  
Douglasville, Ga. 30135

Director: Juliana Chalker

Address: 9259 Charlton Place  
Douglasville, Ga. 30135

**B. OFFICERS**

President: \_\_\_\_\_

Address: \_\_\_\_\_

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. \_\_\_\_\_

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

14. \_\_\_\_\_

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

09 APR 23 PM 1:00  
TALLAHASSEE, FLORIDA

**Secretary of State**  
**Corporations Division**  
**315 West Tower**  
**#2 Martin Luther King, Jr. Dr.**  
**Atlanta, Georgia 30334-1530**

DOCKET NUMBER : 090851001  
CONTROL NUMBER : 0440912  
DATE INC/AUTH/FILED: 07/06/2004  
JURISDICTION : GEORGIA  
PRINT DATE : 03/26/2009  
FORM NUMBER : 211

RUBY BROWN  
8336 OFFICE PARK DRIVE  
DOUGLASVILLE GA 30134

**CERTIFICATE OF EXISTENCE**

I, Karen C Handel, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

**ASSURED & ASSOCIATES PERSONAL CARE OF GEORGIA, INC.**  
**A DOMESTIC PROFIT CORPORATION**

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



*Karen C Handel*

Karen C Handel  
Secretary of State

09 APR 28 PM 4:08  
TALLAHASSEE, FLORIDA