

F09000002362

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

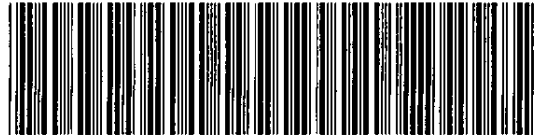
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

RECEIVED JUN -1 2009

Office Use Only



600156474846

06/02/09--01035--014 **79.00

FILED
09 JUN 11 AM 11:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EP 6/12/09

W090000026010



RECEIVED
DEPARTMENT OF STATE

09 JUN 11 PM 4:36

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 3, 2009

KEITH BERMAN
2660 TOWNSGATE RD.
WESTLAKE VILLAGE, CA 91361

SUBJECT: INSTACARE CORP.
Ref. Number: W09000026010

We have received your document for INSTACARE CORP. and your check(s) totaling \$79.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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 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".

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: 809A00018698

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Instacare Corp.
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:

Keith Berman

Name of Person

Instacare Corp.

Firm/Company

2660 Townsgate Rd.

Address

Westlake Village, CA 91361

City/State and Zip code

intermania@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Keith Berman

Name of Person

at (805) 446-1973

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

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

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

4. 3/2/2001 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. 8419 NW 66th St. Miami, FL 33166
(Principal office address)

8419 NW 66th St. Miami, FL 33166
(Current mailing address)

8. general business and sales
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

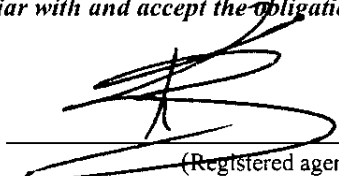
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Keith Berman

Office Address: 8419 NW 66th St.
Miami, FL 33166, Florida _____
(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.


(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.

FILED
09 JUN 11 AM 11:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Robert Jagunich
Address: 2660 Townsgate Rd. #300 Westlake Village, CA 91361

Vice Chairman: _____

Address: _____

Director: Keith Berman

Address: 2660 Townsgate Rd. #300 Westlake Village, CA 91361

Director: _____

Address: _____

FILED
09 JUN 11 AM 11:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. OFFICERS

President: Keith Berman
Address: 2660 Townsgate Rd. #300 Westlake Village, CA 91361

Vice President: _____

Address: _____

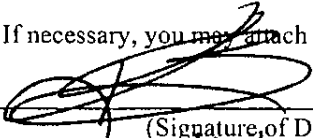
Secretary: Robert Jagunich

Address: 2660 Townsgate Rd. #300 Westlake Village, CA 91361

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

SECRETARY OF STATE



FILED
09 JUN 11 AM 11:53
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

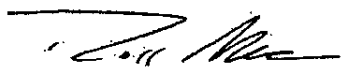
CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **INSTACARE CORP.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since March 2, 2001, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on May 19, 2009.




ROSS MILLER
Secretary of State

Electronic Certificate
Certificate Number: C20090519-2389
You may verify this electronic certificate
online at <http://www.nvsos.gov/>