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(Re	equestor's Name)			
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PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nai	me)		
(Document Number)				
Certified Copies	_ Certificate	s of Status		
Special Instructions to	Filing Officer:			
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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: HUMACan-Consolidated Employee Masagement Inc. 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," or "Certificate of Good Standing" 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:	
George M. Parker	
Name of Person	
HUMACare	
Firm/Company	
9501 Union Cemetery Road	
Address	
Loveland, OH 45140	
City/State and Zip code	
gparker@humacare.net	
E-mail address: (to be used for future annual report notification)	
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	i i
Geolge M. Falker at (513) 567-4510 CTC	M 11
Name of Person Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: MAILING ADDRESS:	
New Filing Section New Filing Section Division of Corporations Division of Corporations	
Clifton Building P.O. Box 6327	
2661 Executive Center Circle Tallahassee, FL 32314 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, 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.

Ohio (State or country)	under the law of which it is incorporated)	3(FEI number, if applicable)		
July 13, 1992	- ·	5. perpetual		
	of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")	
9501 Union Ce	emetery Road, Loveland, OH 45140			
		ss in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability)		
9501 Union Cer	netery Road, Loveland, OH 45140			
	(Principal office a	address)		
	(Current mailing a	address)		
Human Resour	rce Outsourcina	Ac	20	
		r country to be carried out in state of Florida)	2	
Name and stree	et address of Florida registered agent: (P.O. Box NOT acceptable)	JAN -	
		ĬĎ.~	1	
Name:	William B. Southerland	——————————————————————————————————————	PH	
fice Address:	221 Ocean Grande Blvd., #604		PH 1: 07	
	Jupiter	, Florida 39477	07	

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.

(Registered agent's signature)

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

A. DIRECTORS	
Chairman: William B. Southerland	
Address: 9501 Union Cemetery Road	
Loveland, OH 45140	
Vice Chairman: William C. Southerlage	
Address: 9501 Union Cemetery Road	
Loveland, OH 45140	
Director:	
Address:	
Director:	to a district to the control of the
Address:	
B. OFFICERS	2010 V
President: William B. Southerland	JAN AHAS
Address: 9501 Union Cemetery Road	3.4. P
Loveland, OH 45140	
Vice President: Timothy J. Southerland	Ser e
Address: 9501 Union Cemetery Road, Loveland, OH 45140	
9501 Union Cemetery Road, Loveland, OH 45140	
Secretary: William C. Southerland	
Address: 9501 Union Cemetery Road, Loveland, OH 45140	
Treasurer: William C. Southerland	
Address: 9501 Union Cemetery Road, Loveland, OH 45140	
NOTE: If necessary, you may attach an addendum to the application listing additional officer	s and/or directors.
(Signature of Director or Officer listed in number 12 of the application)	
14. W. Vi an D. Southerd Registers (Typed or printed name and capacity of person signing application)	
(Typed or printed name and capacity of person signing application)	

United States of America State of Ohio Office of the Secretary of State

I, Jennifer Brunner, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show HUMACARE - CONSOLIDATED EMPLOYEE MANAGEMENT, INC., an Ohio corporation, Charter No. 823596, having its principal location in Cincinnati, County of Hamilton, was incorporated on July 13, 1992 and is currently in GOOD STANDING upon the records of this office.

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Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 30th day of November, A.D. 2009

Ohio Secretary of State

Validation Number: V2009334N22403