# F10800002953

(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:
,

Office Use Only



500182304615

06/28/10--01026--021 \*\*87.50

230 JUN 28 A II: 36 SECKETARY OF STATE

### **COVER LETTER**

10 11 28 A 11 36 TO: **New Filing Section** Division of Corporations SUBJECT: Caring Companions, 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: Marisol Alvarez Name of Person Caring Companions, Inc. Firm/Company 1333 Wayne Street Address Reading, Pa. 19601 City/State and Zip code caringcompanionsinc01@comcast.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Marisol Alvarez Area Code & Daytime Telephone Number Name of Person 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 & □ \$78.75 Filing Fee & ☑ \$87.50 Filing Fee,

Certified Copy

Certificate of Status & Certified Copy

Certificate of Status

# 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.

I. Carring Compa	anions, Inc.				
	corporation; must include "INCORPORAT Corp," "Inc," "Co," or "Corp.")	ED	" "COMPANY," "CORPORATION,"		
(If nome unavei			dental Control	•	P1 - 24-2
	lable in Florida, enter alternate corporate na		•	iness in	Florida)
Pennsylvania		3.	56-234-4988		
(State or country	under the law of which it is incorporated)		(FEI number, if applicable	e)	
3/24/2003		5.	N/A		
(Date	e of incorporation)		(Duration: Year corp. will cease to exist	or "perp	etual")
, N/A					
	(Date first transacted busine	ss i	n Florida, if prior to registration)		
			502, F.S., to determine penalty liability)		
. 1779 Holton Ro					
. 1779 Holton Ro	(SEE SECTIONS 607.1501 & 60	7.13	502, F.S., to determine penalty liability)		<u>-</u>
·	(SEE SECTIONS 607.1501 & 60 ad Lakeland, Florida 33810	7.13	502, F.S., to determine penalty liability)		<del></del>
·	(SEE SECTIONS 607.1501 & 60 and Lakeland, Florida 33810  (Principal office	7.1; add	502, F.S., to determine penalty liability) ress)		<del></del>
1333 Wayne S	(SEE SECTIONS 607.1501 & 60 and Lakeland, Florida 33810  (Principal office treet Reading, Pa. 19601  (Current mailing	7.1; add	502, F.S., to determine penalty liability) ress)	26.0	209
1333 Wayne S  Home Care Ag	(SEE SECTIONS 607.1501 & 60 and Lakeland, Florida 33810  (Principal office treet Reading, Pa. 19601  (Current mailing	7.1; add	ress)	200	
1333 Wayne S  Home Care Ag  (Purpose(	(SEE SECTIONS 607.1501 & 60  and Lakeland, Florida 33810  (Principal office treet Reading, Pa. 19601  (Current mailing ency	add	ress)  ress)  nuntry to be carried out in state of Florida)	1155 VR 11 155 (RVI 210 35	229 JUN 28
1333 Wayne S  Home Care Ag  (Purpose(	(SEE SECTIONS 607.1501 & 60  and Lakeland, Florida 33810  (Principal office treet Reading, Pa. 19601  (Current mailing ency s) of corporation authorized in home state of	add	ress)  ress)  nuntry to be carried out in state of Florida)	STOLETARY OF S	JUN 28
1333 Wayne S  Home Care Ag (Purpose)  Name and stree	(SEE SECTIONS 607.1501 & 60  and Lakeland, Florida 33810  (Principal office of treet Reading, Pa. 19601  (Current mailing ency s) of corporation authorized in home state of et address of Florida registered agent: (	add	ress)  ress)  nuntry to be carried out in state of Florida)	STOLETARY OF STATE	
1333 Wayne S  Home Care Ag  (Purpose)  Name and street	(SEE SECTIONS 607.1501 & 60  and Lakeland, Florida 33810  (Principal office of treet Reading, Pa. 19601  (Current mailing ency s) of corporation authorized in home state of et address of Florida registered agent: (  Russell Piper	add	ress)  ress)  nuntry to be carried out in state of Florida)	STOLETARY OF STATE	JUN 28

#### 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.

12. Names and business addresses of officers and/or directors:
A. DIRECTORS
Chairman: Russell Piper
Address: 1333 Wayne Street
Reading, Pa. 19601
Vice Chairman: Linda Piper
Address: 1333 Wayne Street
Reading, Pa. 19601
Director: Marisol Alvarez
Address: 1333 Wayne Street
Reading, Pa. 19601
Director: N/A
Address: N/A
N/A
B. OFFICERS
President: Linda Piper
Address: 1333 Wayne Street
Reading, Pa. 19601
Vice President: Russell Piper
Address: Reading, Pa 19601
Reading, Pa 19601
Secretary: Linda Piper
Address: 1333 Wayne Street Reading, Pa. 19601
Treasurer: Linda Piper
Address: 1333 Wayne Street Reading, Pa. 19601
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. Marisol Alvarez Director of Operations (Typed or printed name and capacity of person signing application)

## COMMONWEALTH OF PENNSYLVANIA

#### DEPARTMENT OF STATE

**JUNE 3, 2010** 

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

# CARING COMPANIONS, INC.

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth

Certification Number: 8814573-1

Verify this certificate online at http://www.corporations.state.pa.us/corp/soskb/verify.asp