

F10000005056

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

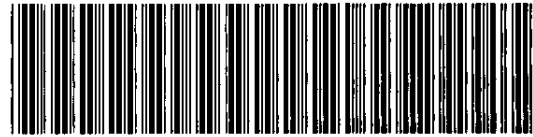
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10 NOV 17 PM 4:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PS 11/18/10



111 N. Railroad St
P.O. Box 390
Groesbeck, TX 76642
tel: 254 729.8002
licensing@ilsainc.com

November 12, 2010

Region Code 1276

Florida Secretary of State
Division of Corporations
Corporate Filings
2661 Executive Center Circle
Tallahassee, FL 32301

Dear Sir/Madam:

Ref: Application for Certificate of Authority

We are filing the following documents on behalf of **Homeland Healthcare, Inc.**

The items checked below are enclosed.

- ☒ Application for Certificate of Authority
- ☒ Check # 5072 i/a/o \$70.00
- ☒ Certificate of Good Standing

Should you need anything further, please do not hesitate to contact me.

Please return all filed documents to my attention.

Sincerely,

Cara L. Mose

Cara L. Mose
Corporate Qualifications Specialist
P.O. Box 390
111 N. Railroad St.
Groesbeck, TX 76642
Ph: 254*729*6107
Fax: 254*729*8069
cmose@ilsainc.com

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Homeland Healthcare, 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:

Cara L. Mose

Name of Person

Insurance Licensing Services of America, Inc.

Firm/Company

P.O. Box 390 or 111 N. Railroad St.

Address

Groesbeck, TX 76642

City/State and Zip code

miranda.breedlove@homelandhealthcare.com

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

For further information concerning this matter, please call:

Cara L. Mose

Name of Person

at (254) 729-6107

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

November 15, 2010

Region Code 1276

Georgia Secretary of State
Division of Corporations
315 W. Tower
Martin Luther King Jr. Dr.
Atlanta, GA 30334

Dear Sir/Madam:

I, Robert Byrnes, President of Homeland Healthcare Agency, Inc. give approval for the use of the name Homeland Healthcare.

Sincerely,

A handwritten signature in black ink, appearing to be 'R. Byrnes', written over a horizontal line.

Robert J. Byrnes
President
Homeland Healthcare Agency, Inc.
825 Market Street, Suite 300
Allen, TX 75013
Phone: 2148712118
Fax: 2149531101

**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. Homeland Healthcare, Inc.
(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. Texas 3. 752948231
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 06/01/2001 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. 825 Market Street #300, Allen, TX 75013-3778
(Principal office address)

825 Market Street #300, Allen, TX 75013-3778
(Current mailing address)

8. selling association memberships; Third Party Administrator
(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: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(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.

William M. Edrington
(Registered agent's signature)

William M. Edrington
Authorized Representative

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.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Stephen V. Jones / CEO

Address: 825 Market Street #300

Allen, TX 75013-3778

Director: _____

Address: _____

B. OFFICERS

President: Robert J. Byrnes

Address: 825 Market Street #300

Allen, TX 75013-3778

Vice President: _____

Address: _____

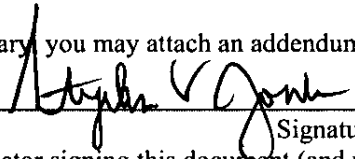
Secretary: _____

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

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Stephen V. Jones / CEO

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Hope Andrade
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles Of Incorporation for HOMELAND HEALTHCARE, INC. (file number 163145100), a Domestic For-Profit Corporation, was filed in this office on June 01, 2001.

It is further certified that the entity status in Texas is in existence.

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SECRETARY OF STATE
AUSTIN, TEXAS

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on November 12, 2010.



A handwritten signature in black ink, appearing to read "Hope Andrade".

Hope Andrade
Secretary of State