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Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							



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10 DEC 10 PM 2: 04
SECRETARY OF STATE
FALLAHASSEE, FLORID.

Office Use Only

1111- 52550 MM 12/13



## FLORIDA DEPARTMENT OF STATE Division of Corporations

November 10, 2010

MANUEL PENA 1033 W. HAMILTON ST. ALLENTOWN, PA 18101

SUBJECT: H.I.M. ON CALL INC. Ref. Number: W10000052550

We have received your document for H.I.M. ON CALL INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

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 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) 245-6921.

Maryanne Dickey Regulatory Specialist II Supervisor

Letter Number: 210A00026434

## **COVER LETTER**

	New Filing Section Division of Corporations							
SUBJECT:	H.I.M. ON		ا مد	٠				
			ion - must include suffix	)				
Dear Sir or Madam:								
The enclosed "Appli "Certificate of Existe transact business in I	ence," and check are si	poration fo ubmitted to	r Authorization to Transa register the above refere	nct Business in Florida," need foreign corporation to				
Please return all con	espondence concernin	g this matt	er to the following:					
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ALLENTO	MA PA	181	۵١					
			and Zip code)					
For further informati	on concerning this ma	tter, please	call:					
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(Name of Po	erson)	(Area	Code & Daytime Telepl	none Number)				
New Filing S Division of C Clifton Build	Corporations ling ive Center Circle	:	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314					
Enclosed is a check t	for the following amou	ınt:						
♥ \$70.00 Filing Fee	: □\$78.75 Filing F Certificate of		S78.75 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.	H.I.M. ON CALL, INC.
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," I'me.," "Co.," "Corp." "Inc.," "Co.," or "Corp.")
	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting busings) in Florida.
2.	PENN SYLUANIA 3. 23- 2953764 SE C
	(State or country under the law of which it is incorporated) (FEI number, if applicable
4.	1/12/1998 5. PERPETUAL
	(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6.	3/1/10
.,,	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7.	1033 W. HAMILTON ST ALLENTONIN PA 13101
	(Principal office address)
	1033 W. Hamilton ST ALLENTONION PA 18101
	(Current mailing address)
8.	(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: KILEEN PENA
O	Mice Address: 2811 NORTHAMPTON AVE
	ORLANDO, Florida 32828 (City) (Zip code)
	(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.
- 12. Names and business addresses of officers and/or directors:

A. DIRECTORS
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Chairman	<u>AM</u>	MUCL	PEMA					<del></del>	
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		1	en an addendu	m to the ap	plication listing	addition	al officers a	nd/or directi	ors.
3	mo	(Signature of	Director or O	fficer listed	in number 12 c	of the apr	lication)		
4	MAI		PENA	•		.,	,		
	7 - 7 - 1	(Typed or p		nd capacity	of person signi	ng applic	cation)		

COMMONWEALTH OF PENNSYLVANIA

**DEPARTMENT OF STATE** 

10 DEC 10 PM 2: 04
SECRETARY OF STATE
STATE SHAPESEE, FLORIE

**OCTOBER 26, 2010** 

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

H.I.M. ON CALL, 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** 

Basil L. Merenda