Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-1000 Fax Number : (850)558-1515

**Enter the email address for this business entity to be used for fut annual report mailings. Enter only one email address please. **

Email Address:

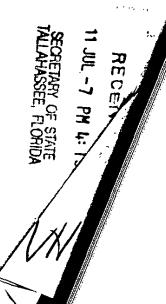
FOREIGN PROFIT/NONPROFIT CORPORATION JUDAHSANGELCARE, INC.

Certificate of Status	0	
Certified Copy	0	
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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.

(State or country	under the law of which it is incorporated)	.3	(FEI number, if applicable)	· · · · · · · · ·
12/29/2010		5. Perpen	uaì	
(Date	of incorporation)	(Durat	on: Year corp, will cease to exist or "	perpetual")
·				
1007 41 . M	(Date first transacted busine (SEE SECTIONS 607.1501 & 60	ss in Florida 7.1502, F.S.	, if prior to registration) , to determine penalty liability)	
1937 4.ISI. Fer. 5.	W., Naples, FL 34116 (Principal office	address)		
1937 41st Ten S	W., Naples, FL 34116	wooress)		Ħ,
1301 413(141,5.	(Current mailing	address)		7
	, , , , , , , , , , , , , , , , , , , ,	,		88
Distressed real of	state sales.			
(Purpose(s) of corporation authorized in home state c	r country to	be carried out in state of Florida)	
. Name and stree	nt address of Florida registered agent: (P.O. Box]	NOT acceptable)	
Name:	Corporation Service Company			
office Address:	1201 Hays Street			
	Tallahassee		Iorida 32301 (Zip code)	
	(City)		(Zip code)	

Corporation Service Company as his agent (Registered agent's signature)

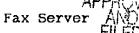
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

Fax Server(1)

11 JUL -7 4H 10: 30

SECRETARY OF STATE TALLAHASSEE FLORIDA

12. Names and business addresses of officers and/or directors:
A. DIRECTORS
Chairman: Aprilette Rose
Address: 1937 41st Terrace SW
Naples, FL 34116
Vice Chairman: Aprilente Rose
Address: 1937 41st Terrace SW
Naples, FL 34116
Director: Aprilette Rose
Address: 1937 41st Terrace SW
Naples, FL 3411G
Director:
Address:
B. OFFICERS
President: Aprilette Rose
Addrass: 1937 41st Terrace SW
Naples, PL 34116
Vice President: Aprilette Rose
Address: 1937 41st Terrace SW
Naples, FL 34116
Secretary: Aprilette Rose
Address: 1937 41st Terrace SW Naples, FL 34116
Treasurer: Aprilette Roso
Address: 1937 41st Terrace SW Nuples, FL 34116
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
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 follows as provided for in s.817.155, F.S.
14. Aprilette Rose _ PRESIDENT
(Typed or printed name and capacity of person signing application)



STATE OF WYOMING Office of the Secretary of State

11 JUL -7 AM 10: 30

SECHETARY OF STATE TALLAHASSEE, FLORIDA

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

JUDAHSANGELCARE, INC.

is a **Profit Corporation**

formed or qualified under the laws of Wyoming did on December 29, 2010, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number 2010-000594718.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 7th day of July, 2011 at 1:48 PM. This certificate is assigned 010326316.



Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.