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**F11000002772**

Florida Department of State  
Division of Corporations  
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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  
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**FOREIGN PROFIT/NONPROFIT CORPORATION  
JUDAHSANGELCARE, INC.**

Certificate of Status	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.*

1. JUDAHSANGELCARE, 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. WY

(State or country under the law of which it is incorporated)

3. \_\_\_\_\_

(FEI number, if applicable)

4. 12/29/2010

(Date of incorporation)

5. Perpetual

(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. 1937 41st Ter. S.W., Naples, FL 34116

(Principal office address)

1937 41st Ter. S.W., Naples, FL 34116

(Current mailing address)

8. Distressed real estate sales.

(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

(City)

, Florida 32301

(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.*

Corporation Service Company

By: 

**Troy Todd**  
**as its 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.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 JUL -7 AM 10:30

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AND  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**Chairman: Aprilette RoseAddress: 1937 41st Terrace SWNaples, FL 34116Vice Chairman: Aprilette RoseAddress: 1937 41st Terrace SWNaples, FL 34116Director: Aprilette RoseAddress: 1937 41st Terrace SWNaples, FL 34116

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**President: Aprilette RoseAddress: 1937 41st Terrace SWNaples, FL 34116Vice President: Aprilette RoseAddress: 1937 41st Terrace SWNaples, FL 34116Secretary: Aprilette RoseAddress: 1937 41st Terrace SW Naples, FL 34116Treasurer: Aprilette RoseAddress: 1937 41st Terrace SW Naples, FL 34116

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Aprilette Rose

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. Aprilette Rose PRESIDENT

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

APPROVED  
AND  
FILED

**STATE OF WYOMING**  
**Office of the Secretary of State**

11 JUL -7 AM 10:30

SECRETARY 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.



*Max Maxfield*  
Secretary of State