

F120000002426

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

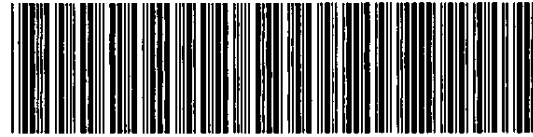
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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12 JUN 12 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W12-28433

MD 6/12



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 23, 2012

HARRISON DIEP
104 WHISTLER ST.
HENDERSON, NV 89012

SUBJECT: HOMETHERACARE INC.
Ref. Number: W12000028433

We have received your document for HOMETHERACARE INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4) or 608.502(4), F.S., this office is required to collect a civil penalty of \$1,000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return the corrected original and one copy of 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) 245-6052.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 012A00015026

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: HomeTheraCare 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:

Harrison Diep

Name of Person

HomeTheraCare Inc.

Firm/Company

104 Whistler St.

Address

Henderson, NV, 89012

City/State and Zip code

harrison.diep@gmail.com

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

For further information concerning this matter, please call:

Harrison Diep

Name of Person

at (702) 5134247

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

**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. HomeTheraCare 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. Nevada

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

3. 45-5093412

(FEI number, if applicable)

4. March 23, 2012

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. UPON QUALIFICATION

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 104 Whistler St. Henderson, NV, 89012

(Principal office address)

3651 Lindell Rd. Las Vegas, NV, 89103

(Current mailing address)

8. Our corporation will be staffing Healthcare Providers for Home Health Agency

(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: Tran Truong

Office Address: 634 Fox Hunt Circe

Longwood

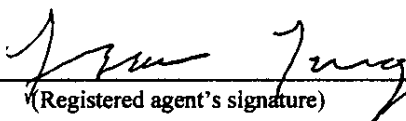
(City)

, Florida 32750

(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

Chairman: Harrison Diep

Address: 104 Whistler St.
Henderson, NV, 89012

Vice Chairman: Steve Isom

Address: 104 Whistler St.
Henderson, NV, 89012

Director: Jennifer Diep

Address: 3651 Lindell Rd. D419
Las Vegas, NV, 89103

Director: Tran Truong

Address: 634 Fox Hunt Circle
Longwood, FL, 32750

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12 JUN 12 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FL 32304

B. OFFICERS

President: Harrison Diep

Address: 104 Whistler St.
Henderson, NV, 89012

Vice President: Steve Isom

Address: 104 Whistler St.
Henderson, NV, 89012

Secretary: Tran Truong

Address: 634 Fox Hunt Circle, Longwood, FL, 32750

Treasurer: Harrison Diep

Address: 104 Whistler St. Henderson, NV, 89012

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

13. Harrison Diep *Harrison Diep DT*
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. Harrison Diep

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

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE (INCLUDING AMENDMENTS)

FILED
12 JUN 12 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

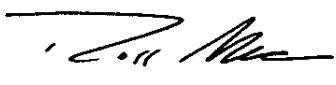
I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **HOMETHERACARE INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since March 23, 2012, and is in good standing in this state.

I further certify, that the above corporation has Articles of Incorporation and no amendments on file in this office as of the date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on May 17, 2012.




ROSS MILLER
Secretary of State

Electronic Certificate
Certificate Number: C20120517-3360
You may verify this electronic certificate
online at <http://www.nvsos.gov/>