

F13000000854

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

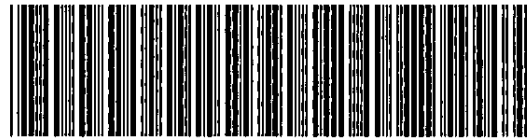
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FILED
13 FEB 22 PM 4: 25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1000 FEB 25 2013

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: HOPE RISING CARE SERVICES 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:

ALAN G. JOHN, CPA

Name of Person

John, Morrison & Co., P.C.
Accountants & Advisors
4940 N. Broad Street, Suite 100
Philadelphia, PA 19141

Firm/Company

Address

City/State and Zip code

Ajohn56341@201.com

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

For further information concerning this matter, please call:

ALAN G. JOHN

Name of Person

at (215) 455-5222

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



RECEIVED

13 FEB 22 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 28, 2013

ALAN G JOHN
JOHN MORRISON & CO., P.C.
4940 N BROAD STREET STE 100
PHILADELPHIA, PA 19141

SUBJECT: HOPE RISING CARE SERVICES INC
Ref. Number: W13000005390

We have received your document for HOPE RISING CARE SERVICES INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

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

The name and title of the person signing the document must be noted beneath or opposite the signature.

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) 245-6052.

Tim Burch
Regulatory Specialist II

Letter Number: 313A00002068

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. HOPE RISING CARE SERVICES 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. PENNSYLVANIA 3. 20-1686643
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 9-16-2004 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. 6401-25 E. WISTER ST. PHILADELPHIA PA 19138
(Principal office address)

Same
(Current mailing address)

8. PERSONNEL CARE SERVICES
(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: SANDRA BRUNO

Office Address: 13753 NW 10TH COURT
PEMBROKE PINES, Florida 33028
(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.

Sandra Bruno
(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: ELLEN BRYANT

Address: 1001 MEADOWVIEW CIRCLE
COLLEGEVILLE PA 19426

Vice Chairman: NONE

Address: _____

Director: ELLEN BRYANT

Address: 1001 MEADOWVIEW CIRCLE
COLLEGEVILLE PA 19426

Director: _____

Address: _____

B. OFFICERS

President: ELLEN BRYANT

Address: 1001 MEADOWVIEW CIRCLE
COLLEGEVILLE PA 19426

Vice President: NONE

Address: _____

Secretary: ELLEN BRYANT

Address: 1001 MEADOWVIEW CIRCLE COLLEGEVILLE PA 19426

Treasurer: ELLEN BRYANT

Address: 1001 MEADOWVIEW CIRCLE COLLEGEVILLE PA 19426

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

13. Ellen Bryant
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. ELLEN BRYANT PRESIDENT
(Typed or printed name and capacity of person signing application)

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

JANUARY 4, 2013

FILED
13 FEB 22 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

HOPE RISING CARE SERVICES INC

Is duly Incorporated as a Pennsylvania Corporation 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.

I DO FURTHER CERTIFY THAT, This Subsistence Certificate shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid.



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.

A handwritten signature in cursive script, appearing to read "Carol Aichele".

Secretary of the Commonwealth