

F13000004275

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

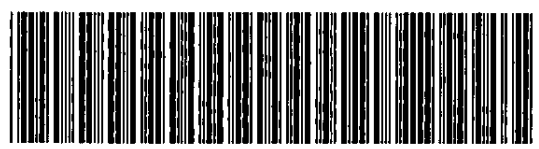
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:
Jennifer Lundy GAVE
AUTHORIZATION BY PHONE TO
CORRECT *Register agent*
DATE *10/2/13*
DOC. EXAM. *Jessie Faxon*

Office Use Only



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TALLAHASSEE FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Embrace Home Health Physicians, Inc.
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Eloisa Oriol

Name of Person

Embrace Home Health Physicians, INC.

Firm/Company

19189 W. 10 Mile Rd, Ste 200

Address

Southfield, MI 48075

City/State and Zip Code

bongorial@gmail.com

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

For further information concerning this matter, please call:

Jennifer Lundy, CPA

Name of Person

at (248) 601-9500

Area Code & Daytime Telephone Number

MAILING ADDRESS:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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 NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. Embrace Home Health Physicians, Inc.
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

2. Michigan 3. 20-3132650
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 7-11-2005 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Has not yet commenced business
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 19189 W. 10 Mile Rd, Ste 200, Southfield, MI 48075
(Principal office address)

19189 W. 10 Mile Rd, Ste 200, Southfield, MI 48075
(Current mailing address)

8. To engage in any activity within the purposes for which corporations may be formed under the Business Corporation Act of Michigan.
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: Dr. Vaughn Armoudlian

Office Address: 875 E. Camino Real 12 H
Boca Raton, Florida 33432
(City) (Zip Code)

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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.

Dr. Vaughn M. Armoudlian P.O.
(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 addresses of officers and/or directors

A. DIRECTORS

Chairman: Eloisa Oriol
Address: 19189 W. 10 Mile Rd, Ste 200
Southfield, MI 48075

Vice Chairman: _____
Address: _____

Director: _____
Address: _____

Director: _____
Address: _____

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B. OFFICERS

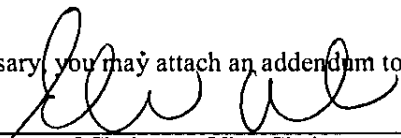
President: Eloisa Oriol
Address: 19189 W. 10 Mile Rd, Ste 200
Southfield, MI 48075

Vice President: _____
Address: _____

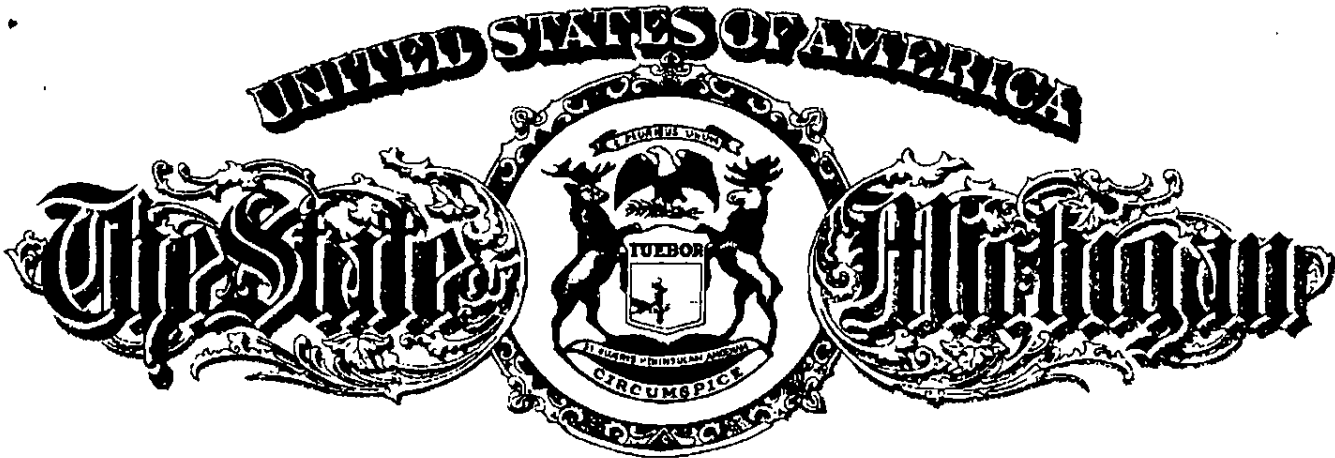
Secretary: Eloisa Oriol
Address: 19189 W. 10 Mile Rd, Ste 200 Southfield, MI 48075

Treasurer: Eloisa Oriol
Address: 19189 W. 10 Mile Rd, Ste 200 Southfield, MI 48075

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

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Eloisa Oriol, President
(Typed or printed name and capacity of person signing application)



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

EMBRACE HOME HEALTH PHYSICIANS

was validly incorporated on July 11, 2005, as a Michigan nonprofit corporation, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1982 PA 162, as amended, to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to conduct affairs in Michigan and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

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TALLAHASSEE FLORIDA

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 16th day of September, 2013.

Alan J. Schefke, Director
Corporations, Securities & Commercial Licensing Bureau