

FL3000004394

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

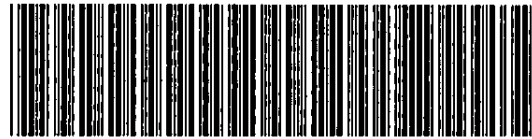
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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13 OCT -9 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W13-41874

10-9-13
mks

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Assistant Home Health Care
Name of corporation - must include suffix

FILED
13 OCT -9 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Marguerite Boyd
Name of Person
Assistant Home Health Care
Firm/Company
1975 South John Young Pkway 1045
Address
Kissimmee, FL 34741
City/State and Zip code
margueriteb4652@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rashida Malone at (901) 746-9799
Name of Person 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.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 OCT -9 PM 3:15

FILED

1. ASSISTANT HOME HEALTH CARE 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. TENNESSEE

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

3. 26-4188246

(FEI number, if applicable)

4. 12-09

(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. 6228 East Shelby Drive Memphis, Tennessee 38141

(Principal office address)

6228 East Shelby Drive Memphis, Tennessee 38141

(Current mailing address)

8. home health care

(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: Marguerite Boyd

Office Address: 1975 South John Young Parkway Suite 1045

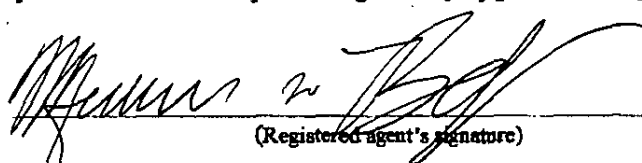
Kissimmee, Florida 34741

(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.


(Registered agent's signature)

Marguerite Boyd
Marguerite Boyd

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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. _____

Billy Boyd
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. _____

Billy Boyd - owner
(Typed or printed name and capacity of person signing application)

FILED
13 OCT -9 PM 3:15
CLERK OF STATE
TALLAHASSEE, FLORIDA

**TENNESSEE DEPARTMENT OF REVENUE**

ASSISTANT HOME HEALTH CARE INC.
6228 E SHELBY DR
MEMPHIS, TENNESSEE 38141-7735

October 8, 2013

Account Type: FRAN/EXCS2

Account No.: 320656288

We have received and processed your request for tax clearance for the account indicated above. Your certificate of tax clearance is attached below. If you have a Tennessee charter or certificate of authority, this certificate, along with the appropriate reports, forms, and fees required, must be submitted to the following address:

Secretary of State
312 Rosa L. Parks Ave.
6th floor
William R. Snodgrass Tower
Nashville, TENNESSEE 37243

Certificates of clearance for Certificate of Existence/Authorization or Reinstatement of Corporate Charter/Certificate of Authority are invalid after 45 days past the effective date. For additional information regarding your Tennessee charter or certificate of authority, please contact the Tennessee Secretary of State, Division of Business Services at 615-741-2286.

DETACH HERE AND SUBMIT TO THE TENNESSEE SECRETARY OF STATE

TENNESSEE DEPARTMENT OF REVENUE

500 DEADERICK STREET
ANDREW JACKSON STATE OFFICE BUILDING
NASHVILLE, TENNESSEE 37242

CERTIFICATE OF TAX CLEARANCE

October 8, 2013

ASSISTANT HOME HEALTH CARE INC.
6228 E SHELBY DR
MEMPHIS, TENNESSEE 38141

Notice No.: 4703557131008
Account No.: 320656288
Sec. of State Control No.: 0594815
Effective Date: October 8, 2013

Tax Clearance has been granted for:

CONFIRMATION OF GOOD STANDING

This is to certify that all applicable reports have been filed and that fees, penalties and taxes have been paid as required by revenue laws of this state.

Richard H. Roberts
COMMISSIONER OF REVENUE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 15, 2013

MARQUIEN BOYD *** 2ND MAILING ***
ASSISTANT HOME HEALTH CARE INC.
1975 SOUTH JOHN YOUNG PYWY., 104J
KISSIMMEE, FL 34741

SUBJECT: ASSISTANT HOME HEALTH CARE INC.
Ref. Number: W13000041874

We have received your document for ASSISTANT HOME HEALTH CARE INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please TYPE or PRINT clearly upon the application. Portions of the application are illegible. Also, please list the City Names in their entirety; abbreviation is unacceptable.

The entity's date of incorporation/organization must be listed in the document.

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

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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: 513A00018057