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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*K* 03/31/14

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Help At Home, 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:

Frank Guerrieri

Name of Person

Help At Home, Inc.

Firm/Company

10808 AVENIDA SANTA ANA

Address

Boca Raton, FL 33498

City/State and Zip code

HAHlicensing@gmail.com

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

For further information concerning this matter, please call:

Frank Guerrieri

Name of Person

at ( 865 ) 6047232

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. **HELP AT HOME, INC.**  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

**Help At Home Licensing Agency, Inc.**

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. **Tennessee** 3. **20-5513906**  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. **08/18/2006** 5. **Perpetual**  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Pursuant to 607.1501 subsection (2), Help At Home Inc. has in the past and is presently engaged in activities such as selling through independent contractors and in interstate commerce both of which do not constitute transacting business within the meaning of subsection (1).  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **10808 AVENIDA SANTA ANA, BOCA RATON, FL 33498**  
(Principal office address)

**10808 AVENIDA SANTA ANA, BOCA RATON, FL 33498**  
(Current mailing address)

8. **To facilitate and simplify licensing of the HAH brands to independent businesses in Florida**  
(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)

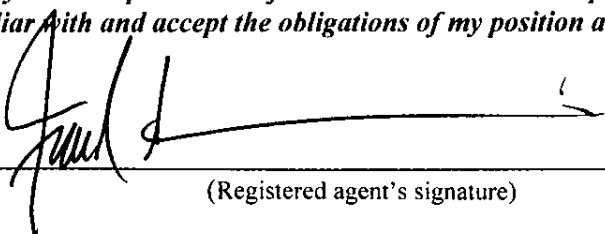
Name: **Frank Guerrieri**

Office Address: **10808 AVENIDA SANTA ANA**  
**BOCA RATON**, Florida **33498**  
(City) (Zip code)

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TALLAHASSEE, FLORIDA

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: Frank Guerrieri

Address: 10808 AVENIDA SANTA ANA  
Boca Raton, FL 33498

Vice Chairman: Jody Guerrieri

Address: 10808 AVENIDA SANTA ANA  
Boca Raton, FL 33498

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

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

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

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

**B. OFFICERS**

President: Frank Guerrieri

Address: 10808 AVENIDA SANTA ANA  
Boca Raton, FL 33498

Vice President: Jody Guerrieri

Address: 10808 AVENIDA SANTA ANA  
Boca Raton, FL 33498

Secretary: Jody Guerrieri

Address: 10808 AVENIDA SANTA ANA, Boca Raton, FL 33498

Treasurer: \_\_\_\_\_

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

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

13. Jody Guerrieri 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. Frank Guerrieri President Jody Guerrieri VP.  
(Typed or printed name and capacity of person signing application) Sec.

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA



**STATE OF TENNESSEE**  
**Tre Hargett, Secretary of State**

Division of Business Services

William R. Snodgrass Tower  
312 Rosa L. Parks AVE, 6th FL  
Nashville, TN 37243-1102

**FRANK GUERRIERI**  
10808 AVENIDA SANTA ANA  
BOCA RATON, FL 33498

March 26, 2014

**Request Type: Certificate of Existence/Authorization**

Request #: 0124007

Issuance Date: 03/26/2014

Copies Requested: 1

**Document Receipt**

Receipt #: 1405705

Filing Fee: \$22.25

Payment-Credit Card - State Payment Center - CC #: 155188443

\$22.25

**Regarding: HELP AT HOME, INC.**

Filing Type: Corporation For-Profit - Domestic

Formation/Qualification Date: 08/18/2006

Status: Active

Duration Term: Perpetual

Business County:

Control #: 527805

Date Formed: 08/18/2006

Formation Locale: TENNESSEE

Inactive Date:

**CERTIFICATE OF EXISTENCE**

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

**HELP AT HOME, INC.**

\* is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;

\* has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

\* has filed the most recent corporation annual report required with this office;

\* has appointed a registered agent and registered office in this State;

\* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

*Tre Hargett*  
Tre Hargett  
Secretary of State

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14 MAR 28 PM 2:29  
TRE HARGETT  
SECRETARY OF STATE

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