

F14000004238

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

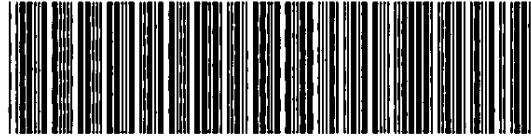
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600260106316

09/29/14--01020--003 **720.00

FILED
14 OCT -7 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W14-59426

10/08/14



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 29, 2014

JOSEPH T. MOLIERE, JR.
505 ELMWOOD AVENUE
SHARON HILL, PA 19079

SUBJECT: HOMETECH ADVANCED THERAPIES, INC.
Ref. Number: W14000059426

We have received your document for HOMETECH ADVANCED THERAPIES, INC. and your check(s) totaling \$720.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

If you have any further questions concerning your document, please call (850) 245-6052.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 614A00020833

JOSEPH T. MOLIERI, JR.

ATTORNEY AT LAW
501 ELMWOOD AVENUE
SHARON HILL, PA 19079
(484) 494-3917
FAX: (484) 494-3813

Via Fed Ex # 7712-7953-6911

September 25, 2014

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Hometech Advanced Therapies, Inc., a Pennsylvania corporation
Foreign Authorization

Ladies and Gentlemen:

Enclosed please find a completed and executed "Application by Foreign Corporation for Authorization to Transact Business in Florida" which I request be filed with the Division of Corporations. I have also enclosed a completed Cover letter and a check in the amount of \$720.00 made payable to "FL Dept of State, representing the \$70.00 filing fee, \$500.00 late penalty and \$150.00 annual fee.

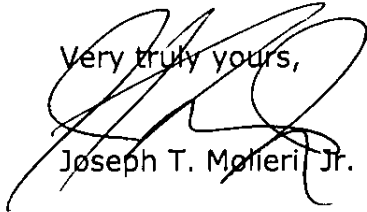
Finally, I am enclosing a Certificate of Existence from the Pennsylvania Department of State.

Kindly process the enclosed document and provide this office with a letter of acknowledgement and a date stamped copy of the application.

Please FedEx the requested documents back to me. To facilitate the return of the documents I have enclosed a FedEx envelope and prepaid AirBill.

Should you have any questions or require any additional information please do not hesitate to contact me.

Very truly yours,


Joseph T. Moleri Jr.

JTM/
Enclosures: as stated.

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Homotech Advanced Therapies, 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:

Joseph Molieri

Name of Person

Homotech Advanced Therapies, Inc.

Firm/Company

505 Elmwood Avenue

Address

Sharon Hill, PA 19079

City/State and Zip code

joseph.molieri@comcast.net

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

For further information concerning this matter, please call:

Joe Molieri

Name of Person

at (484) 494-3917

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. Hometech Advanced Therapies, 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

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

3. 90-0783419

(FEI number, if applicable)

4. January 4, 2012

(Date of incorporation)

5. Perpetual

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

6. 5/6/13

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 505 Elmwood Avenue, Sharon Hill, PA 19079

(Principal office address)

505 Elmwood Avenue, Sharon Hill, PA 19079

(Current mailing address)

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

Name: National Corporate Research, Ltd., Inc.

Office Address: 155 Office Plaza Drive

Tallahassee

(City)

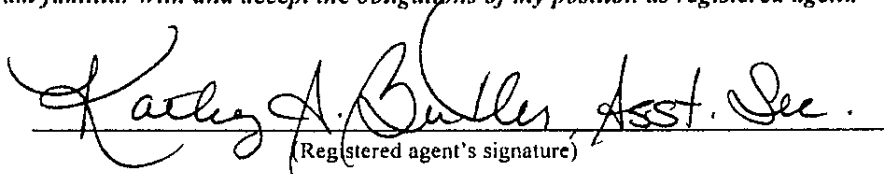
, Florida 32301

(Zip code)

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OCT - 7 AM 11: 21
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

9. 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)

10. 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.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Mark Kovinsky

Address: 505 Elmwood Avenue
Sharon Hill, PA 19079

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Mark Kovinsky

Address: 505 Elmwood Avenue
Sharon Hill, PA 19079

Vice President: _____

Address: _____

Secretary: Mark Kovinsky

Address: 505 Elmwood Avenue, Sharon Hill, PA 19079

Treasurer: James Sadlier

Address: 505 Elmwood Avenue, Sharon Hill, PA 19079

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

12. _____

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.

13. Mark Kovinsky

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

FILED
14 OCT -7 AM 11:21
STATE OF PA
TALMADGE, J. PERA

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

SEPTEMBER 4, 2014

FILED
14 OCT -7 AM 11:21
SECRETARY OF STATE
HALLMARKS, HARRISBURG, PA 17103

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Hometech Advanced Therapies, 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