

F15000005056

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

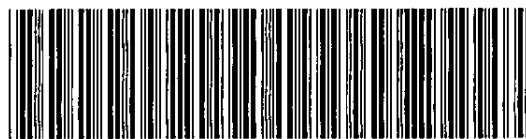
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Cert. WB 55725
- indicate name exactly
as on cert., no page 2

Office Use Only



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08/11/15--01021--010 **78.75

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SECRETARY OF STATE
ALABAMA, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 20, 2015

VAKEESHIA R. ARCHIBALD
919 KIRK WALL DRIVE
COPLEY, OH 44321

SUBJECT: CARE SMART HEALTHCARE AGENCY
Ref. Number: W15000055725

We have received your document for CARE SMART HEALTHCARE AGENCY and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

You failed to make the correction(s) requested in our previous letter.

SEE ATTACHED EXAMPLE FROM OHIO SECRETARY OF STATE - NEED THIS CERTIFICATE SHOWING CORPORATION IN FULL FORCE AND EFFECT

You may comply with this request via fax. Please fax correction(s) to the attention of the undersigned examiner at 850-245-6030.

Please return 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) 245-6051.

Stacey M Mason
Regulatory Specialist II

Letter Number: 215A00022224



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 10, 2015

VAKEESHIA R. ARCHIBALD
919 KIRK WALL DRIVE
COPLEY, OH 44321

SUBJECT: CARE SMART HEALTHCARE AGENCY
Ref. Number: W15000055725

We have received your document for CARE SMART HEALTHCARE AGENCY and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

NEED CERTIFICATE OF STATUS FROM OHIO DATED WITHIN LAST 90 DAYS PLEASE PROVIDE VAKEESHIA ARCHIBALD'S TITLE

You may comply with this request via fax. Please fax correction(s) to the attention of the undersigned examiner at 850-245-6030.

Please return 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) 245-6051.

Stacey M Mason
Regulatory Specialist II

Letter Number: 515A00019076



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 20, 2015

VAKEESHIA R. ARCHIBALD
919 KIRKWALL DRIVE
COPLEY, OH 44321

SUBJECT: CARE SMART HEALTHCARE AGENCY
Ref. Number: W15000055725

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

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

PLEASE INDICATE NAME ON LINE 1 EXACTLY AS FILED IN HOME STATE
COMPLETE LAST PAGE OF FORM (ENCLOSED) INCLUDING 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) 245-6051.

Stacey M Mason
Regulatory Specialist II

Letter Number: 015A00017581

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Care Smart Healthcare Agency Co.
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:

VaKeeshia R. Archibald
Name of Person
Care Smart Healthcare Agency Co.
Firm/Company
919 Kirkwall Drive.
Address
Copley / Ohio 44321
City/State and Zip code
VaKeeshia@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VaKeeshia R. Archibald at (330) 244-7837
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.

1. CareSmart Healthcare Co.

(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. Ohio

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

3. _____

(FEI number, if applicable)

4. 10/29/2014

(Date of incorporation)

5. 11/17/2019

(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. 300 Delaware Ave. Ft. Lauderdale, Florida 33312

(Principal office address)

919 Kirkwall Drive Copley Ohio 44321

(Current mailing address)

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

Name:

Josephine Brown

Office Address:

300 Delaware Ave

Ft. Lauderdale Florida

(City)

Florida 33312

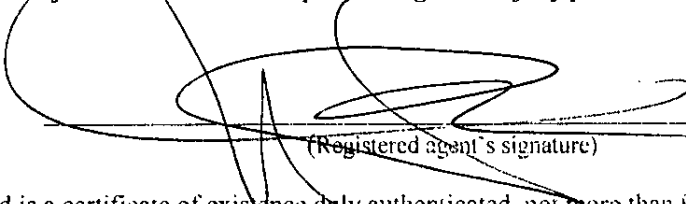
(Zip code)

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SECRETARY OF STATE
ALABAMA, FLORIDA

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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

CEO Vakeeshia R. Archibald
919 Kirkwall Drive
Copley Ohio 44321

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.

12. Vakeeshia R. Archibald
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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. Vakeeshia R. Archibald
(Typed or printed name and capacity of person signing application)

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2015 NOV 13 P 4:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE**

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show a Trade Name Registration for CARE SMART HEALTHCARE AGENCY, Registration Number 2343594, filed in this office on November 17, 2014, filed by Vakeeshia Renee Archibald, 919 Kirkwall Dr., Copley, OH 44321, under section 1329.01 of the Ohio Revised Code, and is currently in FULL FORCE AND EFFECT upon the records of this office.



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 3rd day of November, A.D. 2015.*

A handwritten signature in cursive script that reads "Jon Husted".

Ohio Secretary of State