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Division of Corporations

3/15/2016 1:41:20 PM EDT

132.967.3300 From: Amanda Sando
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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : LEGALZOOM.COM INC.
Account Number : I20010000062
Phone : (323)962-8600
Fax Number : (323)962-3889

****Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.**

Email Address: _____

**FOREIGN PROFIT/NONPROFIT CORPORATION
AMERICAN HOME CARE ASSOCIATES INC.**

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$78.75

K. SALY
EXAMINER

MAR 16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 MAR 15 AM 6:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMERICAN HOME CARE ASSOCIATES 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," 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:

Imelda Vasquez
(Name of Person)
Legalzoom.com, Inc.
(Firm/Company)
100 W. Broadway Suite 100
(Address)
Glendale, CA 91210
(City/State and Zip code)

For further information concerning this matter, please call:

Imelda Vasquez at (323) 962-8600
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration 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.

AMERICAN HOME CARE ASSOCIATES INC.

1. AMERICAN HOME CARE ASSOCIATES 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. Louisiana 3. 46-4526866
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 1/9/2014 5. _____
(Date of incorporation) (Date of duration, if other than 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. 100 Copper Ridge Drive., Youngsville, LA 70592
(Principal office address)

100 Copper Ridge Drive., Youngsville, LA 70592
(Current mailing address, if different)

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

Name: United States Corporation Agents, Inc.

Office Address: 13302 Winding Oak Court Suite A

Tampa, Florida 33612
(City) (Zip code)

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.



Cheyenne Moseley, assistant secretary on behalf
of United States Corporation Agents, Inc.

(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.

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 TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Andrew John Bellard

Address: 100 Copper Ridge Drive., Youngsville, LA 70592

Director: _____

Address: _____

B. OFFICERS

President: Andrew John Bellard

Address: 100 Copper Ridge Drive., Youngsville, LA 70592

Vice President: _____

Address: _____

Secretary: Andrew John Bellard

Address: 100 Copper Ridge Drive., Youngsville, LA 70592

Treasurer: Andrew John Bellard

Address: 100 Copper Ridge Drive., Youngsville, LA 70592

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

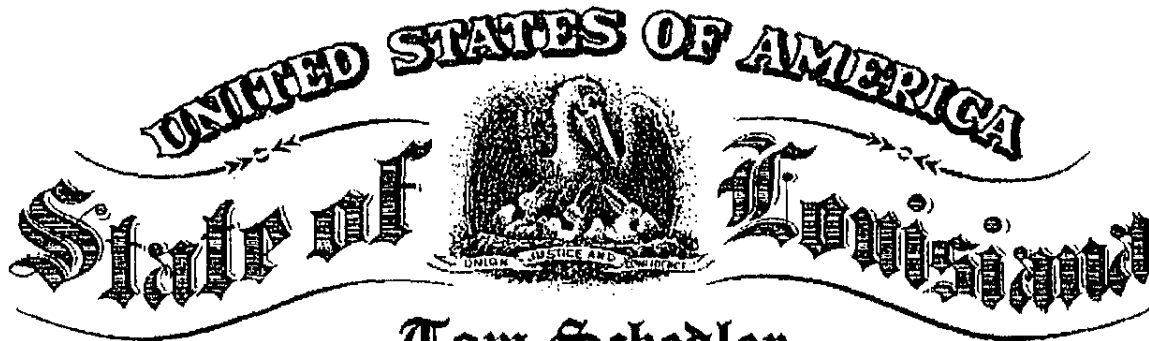
12. Andrew Bellard

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. Andrew John Bellard, President

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



Tom Schedler
SECRETARY OF STATE

As Secretary of State of the State of Louisiana, I do hereby Certify that

AMERICAN HOME CARE ASSOCIATES INC.

A corporation domiciled in YOUNGSVILLE, LOUISIANA,

Filed charter and qualified to do business in this State on January 09, 2014,

I further certify that the records of this Office indicate the corporation has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned is in good standing and is authorized to do business in this State.

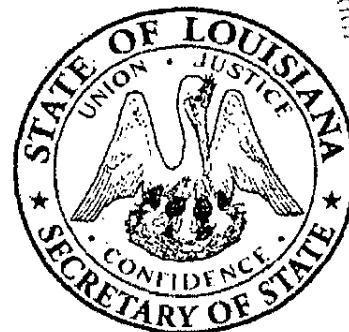
I further certify that this Certificate is not intended to reflect the financial condition of this corporation since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

March 15, 2016

Secretary of State

Web 41392835D



Certificate ID: 10690900#ULUA4

To validate this certificate, visit the following web site, go to **Business Services, Search for Louisiana Business Filings, Validate a Certificate**, then follow the instructions displayed.
www.sos.la.gov

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STATE OF LOUISIANA
Baton Rouge, Louisiana