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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number: I20120000007 Phone : (702)866-2500 : (702)866-2689 Fax Number

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

Email Address: Managedreports @ incorp. com

FOREIGN PROFIT/NONPROFIT CORPORATION ADVANCED MONITORED CAREGIVING, INC.

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COVER LETTER

TO:	Registration S Division of Co				
SIIRI	ECT:	ADVANCED MO	VITOREI	CAREGIVING, I	NC.
5050		Name of corp	oration -	nust include suffix	
Dear 5	Sir or Madam:				
"Certi	ficate of Existen	ition by Foreign Corporat ce," or "Certificate of Go gn corporation to transac	od Standi	ng" and check are sul	oct Business in Florida," comitted to register the
Please	return all corres	pondence concerning thi	s matter to	the following:	
		Jer	mifer Cal	ble	
		N	ame of Pe	rson	
		InCo	rp Servic	es, Inc.	
	- 13113		m/Compa	•	
		3773 Howard F	Iughes Pa	rkway Suite 500S	
	Address				
	Las Vegas, NV 89169-6014				
		•	State and	•	
	·- <u></u>		• –	incorp.com	
		E-mail address: (to b	e used for	ruture annual report	nouncation)
For fu	rther information	concerning this matter,	picase cali	:	
Jennifer (rp Services, Inc.	702	866-2500	
	Name of Perso	on Ar	ca Code	Daytime Telep	hone Number
,	STREET/CON Registration So Division of Co Clifton Buildin 2661 Executive Tallahassec, FI	rporations g : Center Circle		MAILING A Registration S Division of Co P.O. Box 632' Tallahassee, F	ection orporations 7
Enclos	ed is a check for	the following amount:			
= \$ 70	.00 Filing Pee	S78.75 Filing Fee & Certificate of State		78.75 Filing Fee & entified Copy	☐ \$87.50 Filling Fee, Certificate of Status & Certified Copy

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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.

(16 name unc	skin in Pinalda antau ilangan		
New York	sble in Florida, enter alternate corporate name a	gopied for the purpose of transacting busi	ness in Florida)
(State or country under the law of which it is incorporated) December 12, 2002 5. Perpetual		•	ils)
		(Date of duration, if other than p	erpetual)
		02, F.S., to determine penalty liability)	
9 Broadway,	(SEE SECTIONS 607.1501 & 607.15 Suite 540, New York, NY 10006 (Princip	al office address)	
39 Broadway,	(SEE SECTIONS 607.1501 & 607.15 Suite 540, New York, NY 10006 (Princip		
Name and <u>stree</u>	(SEE SECTIONS 607.1501 & 607.15 Suite 540, New York, NY 10006 (Princip	al office address) g address, if different)	17 TANK C
Name and <u>stree</u> Name:	(SEE SECTIONS 607.1501 & 607.15 Suite 540, New York, NY 10006 (Princip (Current mailing) t address of Florida registered agent: (P.O.	al office address) g address, if different)	J. Time C.
Name and stree	(SEE SECTIONS 607.1501 & 607.15 Suite 540, New York, NY 10006 (Princip (Current mailing t address of Florida registered agent: (P.O InCorp Services, Inc.	al office address) g address, if different)	ì

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.

Jennifer Cabble on behalf of InCorp Services, 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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11. Names and business addresses of officers and/or directors:

Address:			
			
Vice Chairman:			
Address:			
Director: Nesim Bildir	lci		
Address: 1603 East 9th			
Brooklyn, N	7 11223		
Director:			1
			- 50
			
B. OFFICERS			9
President: Nesim Bil		e e e e e e e e e e e e e e e e e e e	
Address: 1603 East 9	th St	· · · · · · · · · · · · · · · · · · ·	
Brooklyn, 1	NY 11223		
Vice President:			——————————————————————————————————————
Address:			
Sophia Bil	dirici		
occiently:	9th St, Brooklyn, NY 11223		·
	-		
Address:	م من المسلم المس	Ab	
NOTE: IT HEREBY,		the application listing additional off	icers and/or directors.
are true and that he or	signing this document (and who	of Director or Officer o is listed in number 11 above) affirm ion submitted in a document to the D .	
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State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of ADVANCED MONITORED CAREGIVING, INC. was filed on 12/12/2002, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 15th day of March two thousand and seventeen.

바바바

Brendan W. Fitzgerald Executive Deputy Secretary of State

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