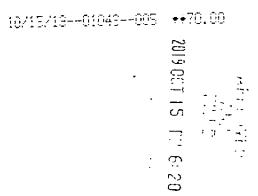
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(Requestor's Name)				
				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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COVER LETTER

TO: Registration Section Division of Corporations				
D & D SERVICES, INC.				
SUBJECT:	ma of corporation	- must include suffix		
iva	me or corporation	- must metade surfix		
Dear Sir or Madam:				
The enclosed "Application by Foreig "Certificate of Existence," or "Certificate of encountered foreign corporation	cate of Good Stan	ding" and check are sub		
Please return all correspondence cond DAVID HICKE	cerning this matter	to the following:		
	Name of 1	Person		_
PREFERRED PEDIATRIC HOME HEA	ALTH CARE			
-	Firm/Com	pany	-	
1000 PREFERRED WAY				
	Addre			20
GALVA, IL 61434				
	City/State ar	nd Zip code	-	
janepphhc@aol.com				
E-mail add	lress: (to be used f	or future annual report	notification)	
For further information concerning this matter, please call:				6: 20
DAVID HICKE	309 at (932-3030		
Name of Person	Area Code	Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		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 F Certifies	Filing Fee & ate of Status	\$78.75 Filing Fee & Certified Copy	S87.50 Filing Certificate of Certified Cop	Status &

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. D & D SERVICES, INC.

1			
	corporation; must include "INCORPORATED," " Forp." "Inc." "Co," or "Corp.")	COMPANY," "CORPORATION,"	
PREFERRED F	PEDIATRIC HOME HEALTH CARE		
OKLAHOMA		3-1347232	
07/12/1989	ry under the law of which it is incorporated)		
4	5		
10/01/2019	(Date of incorporation) (Date of duration, if other than perpetual) 10/01/2019		
1000 PREFERR	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502 ED WAY, GALVA, IL 61434		
^· <u></u>		office address)	
	•		~
-	(Current mailing of	address, if different)	
	(Current maning a	iddress. if different)	007
8. Name and stre	et address of Florida registered agent; (P.O. I JANE DOSS	3ox <u>NOT</u> acceptable)	<u> </u>
Name:		_	.:
	4355 W GULF DR		. <u>6</u> .
Office Address:	SANIBEL	 33957	20
	*· ·· · ·	Florida	
	(City)	Zip code)	
	* **	(<u>r</u>	

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: Vice Chairman: Address: Director: __ Address: ___ Director: **B. OFFICERS** JANE E DOSS President: _ 4355 W GULF DR Address: SANIBEL, FL 33957 SAME AS ABOVE Vice President: Address: ___ SAME AS ABOVE Secretary: Address: SAME AS ABOVE Treasurer: __ Address: _____ NOTE: If necessary, you may attach an addendy in to the application listing additional officers and/or directors. 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. JANE E DOSS, PRESIDENT

13. ____



CERTIFICATE OF GOOD STANDING DOMESTIC FOR PROFIT BUSINESS CORPORATION

I, THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.

IFURTHER CERTIFY that D&D SERVICES, INC. whose registered agent is JANE E DOSS, with its registered office at 12611 E 60TH ST STE 100 TULSA 74146 USA Oklahoma is a Domestic For Profit Business Corporation duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this <u>9th</u>, day of <u>October</u>, <u>2019</u>.

Secretary Of State

2019 OCT 15 F.4 6: 20