

MOO 0000002348

SUBJECT: CARE FOR YOU, LLC  
(Name of corporation - must include suffix)

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.

PATRICIA HARKER 900003445013--8  
(Name of Person) -10/30/00--01149--016  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

CARE FOR YOU, LLC 900003445013--8  
(Firm/Company) -11/14/00--01092--002  
\*\*\*\*\*37.50 \*\*\*\*\*37.50

PO Box 183 110  
(Address)

SHELBY TWP. MI 48318 SECRET  
(City/State/Zip) NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

PATRICIA HARKER at ( 810 ) 323-1711  
(Name of Person) (Area Code & Daytime Telephone Number)

FILED  
00 NOV 13 PM 5:00  
SECRETARY OF STATE  
WASHINGTON, D.C. 20520

**MAILING ADDRESS:**

**Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314**

MOB-2348  
al

☐ \$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



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

November 1, 2000

PATRICIA HARKER  
P.O. BOX 183110  
SHELBY TWSP, MI 48318

SUBJECT: CARE FOR YOU, LLC  
Ref. Number: W00000026192

We have received your document for CARE FOR YOU, LLC and check(s) totaling \$87.50 of which \$87.50 has been designated to file this document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is an additional amount of \$37.50 due. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

We are enclosing the proper form(s) with instructions for your convenience.

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) 487-6020.

Tammi Cline  
Document Specialist

Letter Number: 600A00056755

FILED  
00 NOV 13 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN  
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. CARE FOR YOU, LLC  
(Name of foreign limited liability company)
2. MICHIGAN - (FLORIDA)  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. B76-135  
(FEI number, if applicable)
4. August 23-2000  
(Date of Organization)
5. Perpetual  
(Duration: Year limited liability company will cease to exist or "perpetual")
6. Upon Qualification  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 3528 14th St. West E18  
BRADENTON, FLA. 34205  
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here ☒

9. The name and usual business addresses of the managing members or managers are as follows:

<u>LORI MUXTER</u>	<div>FILED NOV 13 PM 5:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>
<u>4000 20th. St. West</u>	
<u>BLDG. 17R- #114</u>	
<u>BRADENTON, FLA. 34205</u>	

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: Companion

home maker agency

Patricia Harker  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

PATRICIA HARKER  
Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

CARE FOR YOU, LLC

2. The name and the Florida street address of the registered agent and office are:

ENNA ~~3528~~ ~~14th~~ ~~St.~~ ~~West~~ PATRICIA HARKER  
(Name)

3528 14th St. West E-18  
Florida street address (P.O. Box **NOT** ACCEPTABLE)

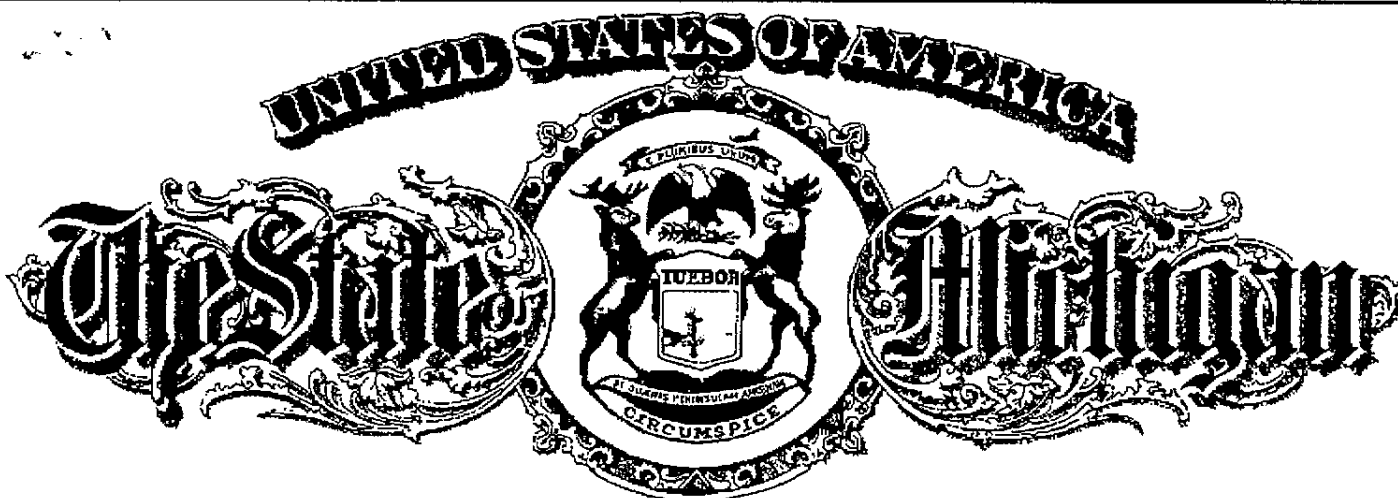
BRADENTON FL 34205  
City/State/Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..*

*Patricia Harker*  
(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

FILED  
90 NOV 13 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Michigan Department of Consumer and Industry Services

Lansing, Michigan

*This is to Certify That*

*CARE FOR YOU, LLC*

*a Michigan limited liability company, filed Articles of Organization in this office on August 23, 2000.*

*I FURTHER CERTIFY that the Articles are in full force and effect as of this date, and a Certificate of Dissolution has not been filed.*

*This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.*

*In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 12th day of September, 2000.*

, Director

171L 0517717

Corporation, Securities and Land Development Bureau