

MS 00000 4625

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

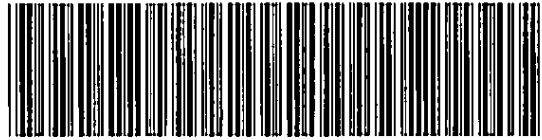
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer: Title

Office Use Only



700381080917

02/02/22--01035--002 **30.00

FILED
2022 MAR -4 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FL

A. BUTLER

JUN - 2 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Joerns, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Denise Pucciarella

Name of Person

Joerns, LLC

Firm/Company

2430 Whitehall Park Drive, Suite 100

Address

Charlotte, NC 28273

City/State and Zip Code

same as on file

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Denise Pucciarella

Name of Person

at (443)

827-2590

Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ \$25 Filing Fee ☒ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

FILED

SECTION I (1-4 must be completed)

2022 MAR -4 PM 1:21

1. Name of limited liability Company as it appears on the records of the Florida Department of **SECRETARY OF STATE**
State: Joerns, LLC **TALLAHASSEE, FL**

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M5000004625

3. Jurisdiction of its organization: California

4. Date authorized to do business in Florida: 08/15/2005

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, **Florida**
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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 as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

Removal of John Regan and addition of Hannah Haynes. (PLEASE NOTE: NO CHANGES TO TAYLOR SMI

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Authoriz	JOHN REGAN	19748 Dearborn Street, Chatsworth, CA 9131	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
Authoriz	HANNAH HAYNES	2430 Whitehall Park Drive, Suite 100, Charlot	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the
aforementioned amendment(s), duly authenticated by the official having custody of records in the
jurisdiction under the law of which this entity is organized.

Denise Pucciarella

Signature of the authorized representative

Denise Pucciarella

Typed or printed name of signee

Filing Fee: \$25.00



May 24, 2022

Florida Department of State
Registration Section
Division of Corporations
The Centre of Tallahassee
2451 N. Monroe Street
Suite 810
Tallahassee, FL 32303

Re: Joerns, LLC - Change of Corporate Officer request – Additional information request
Letter Number: 822A00006437

Anissa Butler:

Thank you for taking the time to speak with me today regarding Joerns, LLC Officer updates.

As requested, I have attached documentation for the change of Corporate Officers to the account for Joerns, LLC # M05000004625. **Please note: Taylor Smith stays the same, no changes needed on his information.**

Removal of John Regan (CFO, Senior Vice President, Assistant Secretary, Treasurer, VP) Authorized Representative and addition of Hannah Haynes (Sr. Counsel, Chief Compliance Officer and Corporate Secretary of Member) Authorized Representatives.

Enclosed, please find completed Application with additional information requested in Letter #822A00006437

If further clarification is needed, my contact information is listed below.

Regards,

A handwritten signature in black ink, appearing to read 'Denise Pucciarella', written over the printed name.

Denise Pucciarella
Hospice Compliance Manager
207 School Lane
Linthicum, MD 21090
denise.pucciarella@joerns.com
(p) 410-336-3144 / 800-826-0270 x4208
(c) 443-827-2590
(f) 443-471-8208



Hannah Haynes
Senior Counsel and Chief Compliance Officer
2430 Whitehall Park Drive
Suite 100
Charlotte, NC 28273

RE: Licenses and Permits

Dear Sir or Madam,

I, Hannah Haynes, Senior Counsel and Chief Compliance Officer of Joerns Healthcare, hereby acknowledge that Denise Pucciarella, Hospice Compliance Manager, is hereby authorized to sign for all matters relating to her role as Hospice Compliance Manager. Such authorization includes, but is not limited to, the signing of licenses and permits in the name of Joerns, LLC and Joerns Healthcare, LLC.

Very truly yours,

A handwritten signature in black ink, appearing to read 'Hannah Haynes', written in a cursive style.

Hannah Haynes
Senior Counsel and Chief Compliance Officer



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 18, 2022

DENISE PUCCIARELLA
2430 WHITEHALL PARK DRIVE
SUITE 100
CHARLOTTE, NC 28273

SUBJECT: JOERNS LLC
Ref. Number: M05000004625

We have received your document for JOERNS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

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) 245-6050.

Anissa Butler
Regulatory Specialist II

Letter Number: 822A00006437



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 MAR -1 AM 8:01

DE STAT
SEE FL

February 21, 2022

DENISE PUCCIARELLA
2430 WHITEHALL PARK DRIVE
SUITE 100
CHARLOTTE, NC 28273

SUBJECT: JOERNS LLC
Ref. Number: M05000004625

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

YOU NEED A CERTIFICATE OF GOOD STANDING FROM YOUR STATE.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6050.

Anissa Butler
Regulatory Specialist II

Letter Number: 122A00004191



March 2, 2022

Florida Department of State
Registration Section
Division of Corporations
The Centre of Tallahassee
2451 N. Monroe Street
Suite 810
Tallahassee, FL 32303

Re: Joerns, LLC - Change of Corporate Officer request – Additional information request
Letter Number: 122A00004191

To Whom It May Concern:

I am contacting you regarding the change of Corporate Officers to the account for Joerns, LLC # M05000004625. Please note: Taylor Smith stays the same, no changes needed on his information.

Removal of John Regan (CFO, Senior Vice President, Assistant Secretary, Treasurer, VP) and addition of Hannah Haynes (Sr. Counsel, Chief Compliance Officer and Corporate Secretary of Member)

Enclosed, please find completed Application with additional information requested in Letter#122A00004191.

If further clarification is needed, my contact information is listed below.

Regards,

A handwritten signature in black ink, appearing to read "Denise Pucciarella", written over a horizontal line.

Denise Pucciarella
Hospice Compliance Manager
207 School Lane
Linthicum, MD 21090
Denise.pucciarella@joern.com
(o) 410-782-4208
(c) 443-827-2590
(f) 443-471-8208



Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

Entity Name: JOERNS LLC
File Number: 199804210046
Registration Date: 02/11/1998
Entity Type: DOMESTIC LIMITED LIABILITY COMPANY
Jurisdiction: CALIFORNIA
Status: ACTIVE (GOOD STANDING)

As of February 28, 2022 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of March 1, 2022.

A handwritten signature in black ink, appearing to read "Shirley N. Weber".

SHIRLEY N. WEBER, Ph.D.
Secretary of State

Certificate Verification Number: R5PDPBM

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at <https://www.sos.ca.gov/certification-verification-search>.



February 7, 2022

Florida Department of State
Registration Section
Division of Corporations
The Centre of Tallahassee
2451 N. Monroe Street
Suite 810
Tallahassee, FL 32303

Re: Joerns, LLC - Change of Corporate Officer

To Whom It May Concern:

I am contacting you regarding the change of Corporate Officers to the account for Joerns, LLC # M05000004625. Please note: Taylor Smith stays the same, no changes needed on his information.

Removal of John Regan (CFO, Senior Vice President, Assistant Secretary, Treasurer, VP).
Enclosed, please find completed Application to file amendment along with payment for processing.

If further clarification is needed, my contact information is listed below.

Regards,

A handwritten signature in black ink, appearing to read 'Denise Pucciarella', written over a horizontal line.

Denise Pucciarella
Hospice Compliance Manager
207 School Lane
Linthicum, MD 21090
Denise.pucciarella@joern.com
(o) 410-782-4208
(c) 443-827-2590
(f) 443-471-8208



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 18, 2022

DENISE PUCCIARELLA
2430 WHITEHALL PARK DRIVE
SUITE 100
CHARLOTTE, NC 28273

SUBJECT: JOERNS LLC
Ref. Number: M05000004625

We have received your document for JOERNS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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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) 245-6050.

Anissa Butler
Regulatory Specialist II

Letter Number: 822A00006437