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Certified Copies	Certificates of Status	_
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Special Instructions	os to Filing Officer: (447)(47) Office Use Only	



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2/9/06

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Hampton a' Der Healthcare Sountions, UC (Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Danjer C. Honer brink
(Name of Person)

Hampton a' Der Health care Sociations, Tro
(Firm/Company)

1818 alaqua lakes Bwd(Address)

Longwood, Fr 32779
(City/State and Zip Code)

For further information concerning this matter, please call:

Danier C. Honerbrink at (407) 463-2548

(Name of Person) (Area Code & Daytime Telephone Number)

MAILING ADDRESS:

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Enclosed is a check for the following amount:

□\$125.00 Filing Fee □\$130.00 Filing Fee &

\$130.00 Filing Fee & \$\sum \$155.00 Filing Fee & Certificate of Status Certified Copy

\$160.00 Filing Fee, Certificate of Status & Certified Copy

Previously submitted. (Su attributed Latter), Daniel C. Honerbrink 1818 Alaqua Lakes Blvd. Longwood, FL 32779 (407) 463-2548

February 9, 2006

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 (Attn: Marsha Thomas)

Subject: Hampton a'Del Healthcare Solutions, LLC
Ref Number: W05000057071
Letter Number: 506A00003464 (attached)

Dear Ms. Thomas;

I received your letter dated January 18, 2006 (see attached Letter Number: 506A00003464) indicating that our Foreign Corporation application was "on hold" pending receipt of the recompletion of the Foreign Corporation application on the 'proper' form.

I attempted to contact you on several occasions to ask questions related to this application, however, each of the dozens of times I called I received only a 'busy' signal. In any case, I believe I now have the application completed properly for your approval and filing.

As the checks submitted earlier total the required \$160.00, I have not enclosed additional funds. If this is incorrect, please let me know what additional fees are required and I will submit the funds as quickly as possible. As I've had such a difficult time attempting to talk with you by telephone, I would appreciate a telephone call if additional information or funds is required.

Thanks for your assistance and personal attention in this matter. If you have questions or require additional information to process this application, please call me via my cell-phone at (407) 463-2548 or via my office line at (407) 833-0422.

Sincerely;

Daniel C. Honerbrink

Januil Chonabul



January 18, 2006

DANIEL C HONERBRINK 1818 ALAQUA LAKES BLVD LONGWOOD, FL 32779

SUBJECT: HAMPTON A'DEL HEALTHCARE SOLUTIONS, LLC

Ref. Number: W05000057071

We have received your document for HAMPTON A'DEL HEALTHCARE SOLUTIONS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please accept our apology for failing to mention this in our previous letter.

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) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 506A00003464

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Division of Corporations - P.O. ROX 6327 - Tallahassae, Florida 32314



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 30, 2005

DANIEL C HONERBRINK 1818 ALAQUA LAKES BLVD LONGWOOD, FL 32779

SUBJECT: HAMPTON A'DEL HEALTHCARE SOLUTIONS, LLC

Ref. Number: W05000057071

We have received your document for HAMPTON A'DEL HEALTHCARE, SOLUTIONS, LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$72.50.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 005A00074171

OS FEB 13 TAMBE D.T

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA; Hampton a' Der Healthcore Soutions, LLC
(Name of Foreign Limited Liability Company) (Jurisdiction under the law of which foreign limited liability)

3. 20-2633450
(FEI number, if applicable) 4. March 24 2005
(Date of Organization)

5. Per pactual
(Duration: Year limited liability company will cease to 6. No business concluded Pending appolication and approve (Date first transacted business in Florida, in prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. 1818 alaqua lakes Blvd. 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: Samuer L. Crensham, 2987 Sleans Way, Marietta, GA 30062 Danier C. Honerbrink, 1818 alaqua Lakes Blvd, languad, FC 32776 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: Neathcase Consulting receivables management and business development. 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.) Danieu C. Honer brink
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.

Hampton a' Del Healthcare Societion	s, LLC
2. The name and the Florida street address of the registered agent and office are:	
Danier C. Hanerbrink	95 FFF 13

Longwood, FL 32779
City/State/Zip

S Olaqua La Kes Bly Florida Street Address (P.O. Box NOT ACCEPTABLE)

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, Florida Statutes.

Daniel C. Honer l 2/9/06

1. The name of the Limited Liability Company is:

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

\$ 16000

Reviously submitted!
(See cover letter from FLorida,
) ivision of Corporations.

Secretary of State **Corporations Division** 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CONTROL NUMBER : 0522912 DATE INC/AUTH/FILED: 03/24/2005 : GEORGIA JURISDICTION PRINT DATE : 01/09/2006

FORM NUMBER

HAMPTON A'DEL HEALTHCARE SOLUTIONS, L.L.C. DANIEL C. HONERBRINK 1818 ALAQUA LAKES BLVD LONGWOOD, FL 32779

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that as of the above print date

HAMPTON A DEL HEALTHCARE SOLUTIONS, L.L.C.

is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Amotated:

Said entity was formed in the jurisdiction at ated above or was authorized to transact business in Georgia on the above date and has not filed articles of dissolution, certificate of cancellation or any other similar document with the Office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the print date above. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State:

information is electronically transmitted, issued and certified in accordance with the Georgia Electronic Records and Signatures Act and Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

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Cathy Cox Secretary of State