

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000276529 3)))



H070002765293ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Pax Number

: (850)617-6383

Prom:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)222-1092

Pax Number

: (850)878-5926

H07000a765

lhanlis

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Heartland Home Care, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

11/9/2007

9269848098 0b:91 7005/20/11

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Heartland Home	•		
(Name of Fo	oreign Limited Liability Company; must inclu	de "Limited Liability Company," "L.L.C.," or "LLC.	·**)
consent of the man Company," "L.L.C	agers or managing members adopting the after	te of transacting business in Florida and attach a copy nate name. The alternate name must include "Limite 34-1787895	
2. Ohio (Jurisdiction und	ler the law of which foreign limited liability	(FEI number, if applicable)	
company is organ	•	Barratus	
4. November 7, 20	Date of Organization) 5	Perpetual (Duration: Year limited liability company will be approximated with the company will be approximated with the company will be approximated will be approximated with the company will be approximated with the	ease to
ζ.	Jan VI Organization,	exist of "perpetual")	
6	(Date first transacted business in Flo	rida, if prior to registration.)	
	(See sections 608.501 & 608.502 F.S.	to determine penalty liability)	므
7. 333 N. Summit	t Street, Toledo, OH 43604		<u>•</u> ¥85
			6 三品
	(Street Address	of Principal Office)	一二三三.
8. If limited lial	bility company is a manager-managed	company, check here	9
		- ·	
		aging members or managers are as follows:	::
Matthew S. Ke	ang 333 N. Summit St., Toledo, OH 43604		<u></u>
			<u></u>

10. Attached is an o	niginal certificate of existence, no more than 90 o er the law of which it is crossized. (A photocor	lays old, duly authenticated by the official having custo y is not acceptable. If the certificate is in a foreign lang	ndy of records in uage, a
	rtificate under oath of the translator must be sub-		-
11. Nature of b	usiness or purposes to be conducted or	promoted in Florida: To operate home health	agencies
1			
	Mottlew Skorg		
		thorized representative of a member. S., the execution of this document constitutes uny that the facts stated herein are trus.)	
	Matthew S. Kang		
	Typed or printed	l name of signee	

FL057 - 06/28/2007 C Y Sypusa Onitise

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 Com	p any is:	
Heartland Home Care, LLC		
If name unavailable, the alternate name to	be used in the state	of Florida is:
2. The name and the Florida street address	of the registered a	gent and office are:
c·	T Corporation System	
	(Name)	
1200	South Pine Island Ros	ad
Florida Street Address (P.O. Box NOT ACCEPTABLE)		
Plantation	FL	33324
	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, Florida Statutes.

By: San author Jones

(Signature) Assistant Scenter

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

FLOST - 06/21/2007 C T System Online

United States of America State of Ohio Office of the Secretary of State

I, Jennifer Brunner, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show HEARTLAND HOME CARE, LLC, an Ohio Limited Liability Company, Registration Number 887512, was organized within the State of Ohio on December 07, 1994, is currently in FULL FORCE AND EFFECT upon the records of this office.



PAGE 04/04

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 8th day of November, A.D. 2007

Ohio Secretary of State

Validation Number: V2007312ND04D7

11/09/2007 16:40 8508785926 CT CORPORATION SYSTM