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FLORIDA/FOREIGN LIMITED LIABILITY CO.

A. LUNT

DEC 15 2008

EXAMINER

Caring Responders LLC

Certificate of Status	0
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Electronic Filing Menu

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Help

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

IN COMPLIANCE WITH SECTION 608.508, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Caring Responders LLC (Name of Foreign Limited Liability Company; must include "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 include "Limited Liability Company," "L.L.C.," "LLC.") 2. DE (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) November 21, 2008 (Date of Organization) (Duration: Year limited liability company will coase to exist or "porpetual") 6. (Data first transacted husiness in Plorida, if prior to registration.)
(See sections 608.501 & 608.502 P.S. to determine penalty liability) 19387 US 19 North Clearwater, FL 33764 (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: John Byrnes, Manager, 19387 US 19 North, Clearwater, FL 33764 Shawn Schabel, Manager, 19387 US 19 North, Clearwater, FL 33764 Paul Gabos, Managur, 19387 US 19 North, Clearwater, FL 33764 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: Provider of personal emergency

Signature of a member or an authorized representative of a member. (In accordance with section 609.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Typed or printed name of signee

FL057 - 05/28/2007 CT System: Online

response systems and related products and services

Paul G. Gabos , - ANA SCIL

מחם חבר וט אא

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:

If name unavailable, the alternate	e name to b	e used in the sta	te of Florida is:	SECRE
2. The name and the Florida stre	et address o	of the registered	agent and office are:	ARY OF
	C T	Corporation System	n	
		(Name)		- ORIDA
	1200 S	outh Pine Island R	oad	,
Floric	da Street Addi	ess (P.O. Box NO	TACCEPTABLE)	-
Plante	tion	F).	33324	
		1.17		
	**	City/State/Zip		_
Having been named as registered liability company at the place desi agent and agree to act in this capa relating to the proper and complet obligations of my position as regis CT Corporation Syley: (Signature)	gnated in the acity. I furth te performan tered agent	City/State/Zip accept service (is certificate, I h er agree to comp uce of my duties,	ereby accept the appoint oly with the provisions of and I am familiar with a	ment as registe fall statutes nd accept the

Delaware

PAGE

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CARING RESPONDERS LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF DECEMBER, A.D. 2008.

AND I DO HERBBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

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You may worlfy this cortificate coline at corp. delaware. gov/authver. shimi

Warnet Someth Hendron

Hardet Smith Windsor, Secretary of St AUTHENTICATION: 7011393

DATE: 12-09-08