

MI20000004374

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

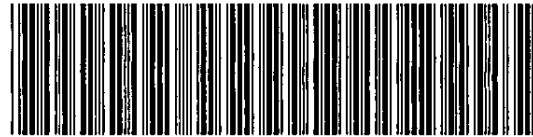
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W12000038971

Office Use Only



200237718412

07/23/12--01050--001 \*\*310.00

12 AUG -2 PM 2:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

D. BRUCE  
AUG 03 2012  
EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 24, 2012

BRIDGETT GATEWOOD, PARALEGAL  
SIGNATURE HEALTHCARE, LLC  
12209 BLUEGRASS PARKWAY  
LOUISVILLE, KY 40299

SUBJECT: SILVER ANGELS HOME CARE OF FLORIDA - GULF, LLC  
Ref. Number: W12000038971

We have received your document for SILVER ANGELS HOME CARE OF FLORIDA - GULF, LLC and your check(s) totaling \$310.00. However, the document has not been filed and is being retained in this office for the following:

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) 245-6051.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 512A00019467

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Signature HealthCARE, LLC  
12201 Bluegrass Parkway  
Louisville, KY 40299  
Phone: 502.568. 7119 Fax: 502.568.7160  
[bgatewood@signaturehealthcarellc.com](mailto:bgatewood@signaturehealthcarellc.com)

July 31, 2012

**Via UPS Delivery**

Florida Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**RE: Silver Angels Home Care of Florida – Gulf, LLC**  
**Reference Number: W12000038971**

To Whom It May Concern:

Per your letter dated July 24, 2012, please find enclosed a certificate of good standing from the State of Delaware for the above-referenced entity.

Upon your receipt and issuance of said Application, kindly return the receipt of filing, to my attention at the above specified address. Should you have any questions, do not hesitate to contact me at (502) 568-7860.

Regards,

Bridgett Gatewood  
Paralegal-Corp. /Transactions

Enclosures

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TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Silver Angels Home Care of Florida - Gulf, LLC

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:

Bridgett Gatewood, Paralegal

Name of Person

Signature HealthCARE, LLC

Firm/Company

12209 Bluegrass Parkway

Address

Louisville, KY 40299

City/State and Zip Code

bgatewood@signaturehealthcarellc.com

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

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Bridgett Gatewood

Name of Person

at ( 502 ) 568-7800

Area Code & Daytime Telephone Number

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
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 &  
Certificate of Status

☒ \$155.00 Filing Fee &  
Certified Copy

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

**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. Silver Angels Home Care of Florida - Gulf, 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. Delaware**

(Jurisdiction under the law of which foreign limited liability company is organized)

**3. 35-2449710**

(FEI number, if applicable)

**4. June 29, 2012**

(Date of Organization)

**5. Perpetual**

(Duration: Year limited liability company will cease to exist or "perpetual")

**6.**

(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

**7. 12201 Bluegrass Parkway**

**Louisville, KY 40299**

(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:**

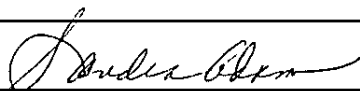
**LP Manager, LLC**

**12201 Bluegrass Parkway**

**Louisville, KY 40299**

**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:** Healthcare and personnel services



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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

**Sandra Adams, VP/General Counsel**

Typed or printed name of signee

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AND  
FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

Silver Angels Home Care of Florida - Gulf, LLC

If unavailable, the alternate to be used in the state of Florida is:

\_\_\_\_\_

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

CT Corporation

(Name)

1220 South Pine Island Road

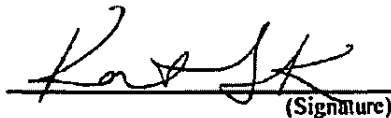
Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

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.*

  
(Signature)

**Katie Szramek**  
Assistant Secretary

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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# Delaware

PAGE 1

*The First State*

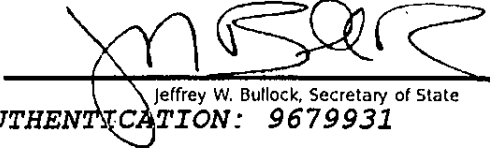
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SILVER ANGELS HOME CARE OF FLORIDA - GULF, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF JUNE, A.D. 2012.



5177529 8300

120786078

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 9679931

DATE: 06-29-12