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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : LEGALZOOM.COM INC.  
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DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

Foreign Limited Liability Company  
JD IN HOME CARE & ASSISTANCE PROVIDERS LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: JD IN HOME CARE & ASSISTANCE PROVIDERS 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:

Imelda Vasquez

Name of Person

Legalzoom.com, Inc.

Firm/Company

100 W. Broadway Suite 100

Address

Glendale, CA 91210

City/State and Zip Code

jdhomecare@optimum.net

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

For further information concerning this matter, please call:

Imelda Vasquez

323

962-8600

at ( )

Name of Contact Person

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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A  
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. JD IN HOME CARE & ASSISTANCE PROVIDERS 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. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. New York

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

3. 27-1663814

(FEI number, if applicable)

4. \_\_\_\_\_

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 5 Leaf Lane

Levittown, NY 11756

(Street Address of Principal Office)

6. \_\_\_\_\_

(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

John Sweetser, Member, 2300 SW Dodge Terrace, Port St. Lucie, FL 34953

Ledilla Ocampo, Member, 2300 SW Dodge Terrace, Port St. Lucie, FL 34953

Paula Ocampo, Member, 2300 SW Dodge Terrace, Port St. Lucie, FL 34953

8. 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)



Signature of an authorized person

(In accordance with section 605.0203, 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.)

Ledilla Ocampo

Typed or printed name of signee

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DEPT. OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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:

**JD IN HOME CARE & ASSISTANCE PROVIDERS 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:

**Ledilla Ocampo**

(Name)

**2300 SW Dodge Terrace**

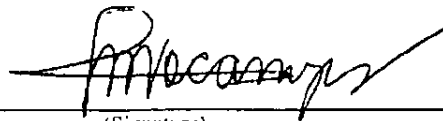
Florida Street Address (P.O. Box NOT ACCEPTABLE)

**Port St. Lucie**

**FL 34953**

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 605, Florida Statutes.*



(Signature)

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

**State of New York  
Department of State } ss:**

*I hereby certify, that JD IN HOME CARE & ASSISTANCE PROVIDERS LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 01/11/2010, and that the Limited Liability Company is existing so far as shown by the records of the Department.*



\*\*\*

*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 20th day of August  
two thousand and fourteen.*

*Anthony Giardina*

Anthony Giardina  
Executive Deputy Secretary of State