M1500006816

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COVER LETTER

TO: Re	gistration Section vision of Corporatio	ńs					
SUBJECT:	Care Right There H	Iome Care LLC					
Name of Limited Liability Company							
				unsact Business in Florida," Certificate of y company to transact business in Florida			
Please retur	n all correspondence	concerning this matter to the	following:				
	Jamie Betanco	ourt					
	Name of Person						
	Care Right There Home Care LLC						
	Firm/Company						
	463 Mullica H	463 Mullica Hill Road					
			Address				
	Mullica Hill, New Jersey 08062						
		City/S	tate and Zip Code				
	-odtaliaferro@ya	thoo.com info@) care-ight there	e.com YAF			
		E-mail address: (to be used	for future annual report not	ification)			
For further	information concerni	ng this matter, please call:					
Ja	mie Betancourt		888 651691	1			
	Name	of Contact Person		time Telephone Number			
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		Division Registrati Clifton B 2661 Exe	CADDRESS: of Corporations ion Section uilding ecutive Center Circle see, FL 32301				
	a check for the follow \$125.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155,00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy			



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 17, 2015

JAMIE BETANCOURT 463 MULLICA HILL ROAD MULLICA HILL, NJ 08062

SUBJECT: CARE RIGHT THERE HOME CARE LLC

Ref. Number: W15000055018

We have received your document for CARE RIGHT THERE HOME CARE LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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.

Neysa Culligan Regulatory Specialist II

Letter Number: 615A00017281

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS'IN THE STATE OF FLORIDA:

Care Right There Home	e Care LLC		
(Name of Fore	eign Limited Liability Company; must include	"Limited Liability Company,""L.L.C.," or "LI	<u>.C.")</u>
\sim			
(If name unavailable, enter al Liability Company," "L.L.C,	ternate name adopted for the purpose of trans	acting business in Florida. The alternate name n	aust include "Limited
2 New Jersey		7-4623455	
	of which foreign limited liability	(FEI number, if applicable)	
4			
5. 463 Mullica Hill Road	(Date first transacted business in Flor (See sections 605.0904 & 605.0905, F.S., Mullica Hill, NJ 08062	ida, if prior to registration.) 5. to determine penalty liability)	
-	(Street Address of Principal	Office)	
6. PO Box 82, Richwood,			
			温まご
	(Mailing Address)		Sal wif
7. Name and street addres	s of Florida registered agent: (P.O. Box	NOT acceptable)	
	Yves Antoine Frederic		79 3 0
Name:			
Office Address:	359 Underwood Trail		Fire o
	Palm Coast	, Florida 32164	
Registered agent's accep	(City)	(Zip code)	
Having been named as rethis application, I hereby	gistered agent and to accept service of pi accept the appointment as registered age statutes relative to the proper and compl	rocess for the above stated corporation at ent and agree to act in this capacity. I furtete performance of my duties, and I am fat's signature)	ther agree to comply
8. The name, title or capa	city and address of the person(s) who has	have authority to manage is/are:	
Yves Antoine Frederic, M	lember		
 Attached is a certificate jurisdiction under the law of the translator must be st 	of which it is organized. (If the certificate ubmitted)	uly authenticated by the official having cus is in a foreign language, a translation of th	tody of records in the e certificate under oath
	l Signature of an aut	horized person	

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Yves Antoine Frederic

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY SHORT FORM STANDING

CARE RIGHT THERE HOME CARE LLC 0450006509

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on July 27, 2015.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify the registered agent and registered office are:

Edwin Taliaferro 23 Sara Drive Robbinsville, NJ 08691

CARATA CA

Certificate Number: 137124150

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 21st day of August, 2015

Part a. Comano

Robert A Romano
Acting State Treasurer