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2015 SEP 14 AM 9:47
SECURITY STATE
TALLAHASSEE, FLORIDA

N. Culligan SEP - 1 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: OPTIMUM HOME CARE 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:

Loreta Colombo
Name of Person
OPTIMUM HOME CARE LLC
Firm/Company
18 Bay View Rd
Address
Southampton, NY 11968
City/State and Zip Code
info@home caresolutions.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Loreta Colombo at (631) 783 3267
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

15 SEP 14 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

September 1, 2015

LORETA COLOMBO
18 BAY VIEW ROAD
SOUTHAMPTON, NY 11968

*In response to this
letter please see
attached application*

SUBJECT: OPTIMUM HOME CARE LLC
Ref. Number: W15000057968

We have received your document for OPTIMUM HOME CARE LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

List the Name of the Member is #8. The LLC cannot be its own Member.

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: 115A00018431

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:

1. OPTIMUM HOME CARE 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. State of New York Department of State 3. 86-1108912
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 18 Bay View Rd., Southampton, NY 11968

(Street Address of Principal Office)
6. 18 Bay View Rd., Southampton, NY 11968
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Andrea Rusyte
Office Address: 50 Biscayne Blvd. Unit 905
Miami, Florida 33132
(City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Andrea Rusyte
(Registered agent's signature)

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

Loreta Colombo - President
50 Biscayne Blvd. Unit 905
Miami, Florida 33132

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Loreta Colombo
Signature of an authorized 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.

Loreta Colombo
Typed or printed name of signee

FILED
2015 SEP 14 AM 9:47
DEPT OF STATE
TALLAHASSEE, FLORIDA

State of New York
Department of State } ss:

I hereby certify, that OPTIMUM HOME CARE LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 05/12/2004, and that the Limited Liability Company is existing so far as shown by the records of the Department.

The Biennial Statement is past due.



*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 17th day of August two
thousand and fifteen.*

Anthony Giardina

Executive Deputy Secretary of State