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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 09 2016

J SHIVERS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HOMELAND HEALTHCARE, 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:

REBA J. LEONARD

Name of Person

HOMELAND HEALTHCARE, LLC

Firm/Company

825 MARKET STREET, SUITE 300

Address

ALLEN, TEXAS 75013

City/State and Zip Code

CHRISTY.FORTENBERRY@HOMELANDHEALTHCARE.COM

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

For further information concerning this matter, please call:

CHRISTY FORTENBERRY

469

324-5242

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 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. HOMELAND HEALTHCARE, 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. DELAWARE

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

3. _____

(FEI number, if applicable)

4. 12/28/2015

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

5. 825 MARKET STREET, SUITE 300

ALLEN, TEXAS 75013

(Street Address of Principal Office)

6. 825 MARKET STREET, SUITE 300

ALLEN, TEXAS 75013

(Mailing Address)

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.

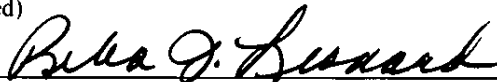
By: C T Corporation System

(Registered agent's signature)

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

PLEASE SEE ATTACHED

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)



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.

REBA J. LEONARD

Typed or printed name of signer

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Manager and Officer Structure

Effective December 28, 2015, please note the following Managers and Officer structure:

MANAGERS AND OFFICERS	
Name	Title
Stephen V. Jones	Manager (Co-Chairman)
Robert Byrnes	Manager (Co-Chairman)
Jens J. Emberg	Manager*
Ronald Dean Fields	Chief Executive Officer
Jennifer N. Casey	Chief Operational Officer
Reba J. Leonard	Vice President, Secretary & Treasurer

* Preferred Unit Appointed Manager.

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TALLAHASSEE, FLORIDA

Delaware

The First State

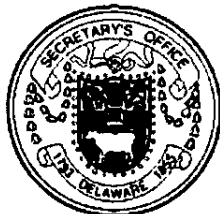
Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HOMELAND HEALTHCARE, 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 TWENTIETH DAY OF JANUARY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HOMELAND HEALTHCARE, LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF DECEMBER, A.D. 2015.

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


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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SR# 20160309560

You may verify this certificate online at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State

Authentication: 201701158

Date: 01-20-16