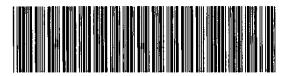


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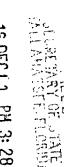
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PAKIS, GIOTES, PAGE & BURLESON

A PROFESSIONAL CORPORATION

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December 8, 2016

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> WILLIAM R PAKIS OF COUNSEL

Florida Secretary of State Division of Corporations, Registration Section Post Office Box 6327 Tallahassee, Florida 32314

RE: Pembroke Pines FL Homecare, LLC

Dear Madam or Sir:

Enclosed is one Application for Authorization to Transact Business in Florida for Pembrok Homecare, LLC accompanied by the required Cover Letter and Certificate of Existence.

Also enclosed is our check for \$125.00 for filing fees.

Please return proof of filing to my attention as indicated on the Cover Letter form. Thank you for your help with this request.

Yours sincerely,

PAKIS, GIOTES, PAGE & BURLESON, P.C.

Sternothum

Kristy Higginbotham Legal Assistant

Kh

Enclosures

COVER LETTER

TO:

TO:	Registration Section Division of Corporations								
SUBJE	ст:	PEMBROKE	E PINES FL HOS	MECARE, 1	LC Company		_		
			eign Limited Liability Compa to register the above refere						
Please r	return all c	correspondence co	oncerning this matter to the f	following:					
		KRISTY	HIGGINBOTHAM Na	me of Person			_		
		PAKIS, GI	OTES, PAGE & BI	URLESUN,	P.C.				
		POST OFF	ICE BOX 58	Address			16 DE	TALL ST	
WACO, TEXAS 76703-0058 City/State and Zip Code							DEC 12-PH 3:	# 5 P.	
	_	kmh e pa	KISIAW. Com E-mail address: (to be used		report noti	fication)	PH 3: 28		
For furt			this matter, please call:					**·.	
	KRIS	TY HIGGIN	NBOTHAM Contact Person	at (254 Area Code) <u>297-</u> Dayt	1300 ime Telephone Number	_		
	Division Registra P.O. Box	NG ADDRESS: of Corporations tion Section x 6327 see, FL 32314			Division of Registration Clifton But 2661 Exec				
Enclose		ck for the followi 00 Filing Fee	ng amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	g Fee &	□ \$160.00 Filing Fee, of Status & Certified C		cate	

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. PEMBROKE PINES FL HOMECARE, LVC
(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.") 3. 81-4069320
(FEI number, if applicable) クイメヨア (Jurisdiction under the law of which foreign limited liability company is organized) 2016 (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) ALR DRIVE (Street Address of Principal Office) WACO, TEXAS 76710 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) CORPORATION SERVICE COMPANY Name: 1201 HAYS STREET Office Address: 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 complywith 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.

Chelsey Martine sst Vice President 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: ESIDENT, 815 LAKE AIR DRIVE, WACO, TX WILSON, VICE-PRESIDENT, 815 LAKE AIR DRIVE, WACO, TX POLNICK, VICE-PRESIDENT, SIS LAKE AIR DRIVE, WACD, TX 76710 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.

MICHAEL T. HILLMAN, President
Typed or printed name of signee

Corporations Section 'P.O.Box 13697 Austin. Texas 78711-3697



Carlos H. Cascos Secretary of State

Office of the Secretary of State

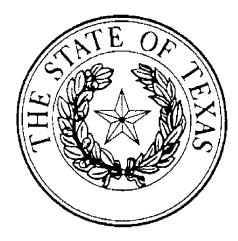
Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for PEMBROKE PINES FL HOMECARE, LLC (file number 802557008), a Domestic Limited Liability Company (LLC), was filed in this office on October 06, 2016.

It is further certified that the entity status in Texas is in existence.

16 DEC 1A, PH 3: 28

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on November 29, 2016.



Carlos H. Cascos Secretary of State

Fax: (512) 463-5709 TID: 10264 Dial: 7-1-1 for Relay Services Document: 701800470002