

M17000003666

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

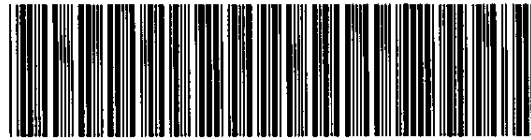
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:  
  
W17-34110 cws + title

Office Use Only



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2017 APR 28 PM 3:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

K. SALY  
MAY - 1 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 20, 2017

CAROLYN LOWE  
LOWE & ASSOCIATES  
1650 MARKET ST, 36TH FL  
PHILADELPHIA, PA 19103

SUBJECT: BLESSINGS4EVER CARE AGENCY OF FLORIDA LLC  
Ref. Number: W17000034110

*Home*

We have received your document for BLESSINGS4EVER CARE AGENCY OF FLORIDA LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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.

Karen A Saly  
Regulatory Specialist II

Letter Number: 717A00007727

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** BLESSINGS4EVER HOME CARE AGENCY OF FLORIDA 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:

Carolyn Lowe  
Name of Person

Lowe & Associates  
Firm/Company

1650 Market Street, 36th FL  
Address

Philadelphia, PA 191903  
City/State and Zip Code

clowe@loweadv.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carolyn Lowe at (267) 675-7063  
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. BLESSINGS4EVER HOME CARE AGENCY OF FLORIDA 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 3. 32-0526723
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 17221 CAMELOT COURT, #101
LAND O'LAKES, FL 34638
(Street Address of Principal Office)

6. 17221 CAMELOT COURT #101
LAND O'LAKES, FL 34638
(Mailing Address)

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

Name: Madeline Villa
Office Address: 17221 Camelot Court #101
Land O' Lakes, Florida 34638
(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.

Madeline Villa
(Registered agent's signature)

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

Lillian Whitehead
1337 Banbridge Rd.,
Kissimmee, FL 34758

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)

Lillian Whitehead, Co-Managing Member
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.

LILLIAN WHITEHEAD

Typed or printed name of signee

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2011 APR 28 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

# Delaware

Page 1

The First State

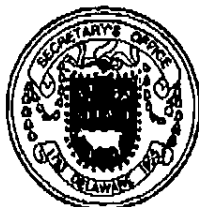
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BLESSINGS4EVER HOME CARE AGENCY OF FLORIDA LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF APRIL, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BLESSINGS4EVER HOME CARE AGENCY OF FLORIDA LLC" WAS FORMED ON THE SIXTEENTH DAY OF MARCH, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

2017 APR 28 PM 3: 05  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

FILED



*Jeffrey W. Bullock*  
 Jeffrey W. Bullock, Secretary of State

6349129 8300

SR# 20172902399

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 202456376

Date: 04-28-17