

MI7000005005

(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:

Office Use Only



300299973403

06/12/17--01012--018 \*\*160.00

FILED

2017 JUN 12 P 3:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE  
JUN 13 2017

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **KARE HOME ASSISTANCE,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:

**HERNAN CANELLAS**

Name of Person

**KARE HOME ASISTANCE,LLC**

Firm/Company

**6 FREEMAN ST**

Address

**HARTFORD, CT 06114**

City/State and Zip Code

**INFO@KAREHOMEASSISTANCE.COM**

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

For further information concerning this matter, please call:

**HERNAN CANELLAS**

Name of Contact Person

at (

**860**

Area Code

**956-1020**

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

2017 JUN 12 P 3:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**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. KARE HOME ASSISTANCE, 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. CONNECTICUT

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

3. 20-1265450

(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. 231 NW 69th ST

(Street Address of Principal Office)

BOCA RATON, FL 33487

6. 6 Freeman St

(Mailing Address)

Hartford, CT 06114

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

Name: Jesus R. Prieto

Office Address: 7171 NW 3rd Avenue

Boca Raton

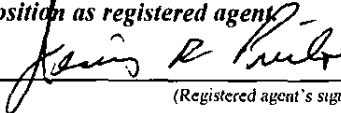
(City)

, Florida 33487

(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.*

  
(Registered agent's signature)

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

Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

MEMBER MANAGER

HERNAN CANELLAS

6 FREEMAN ST  
HARTFORD, CT 06114

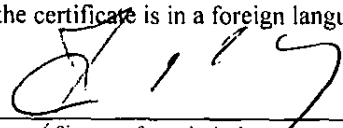
MEMBER MANAGER

DIANA DIGIACOMO-CANELLAS

6 FREEMAN ST  
HARTFORD, CT 06114

(Use attachments if necessary)

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

10. 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.

HERNAN CANELLAS

Typed or printed name of signee

2017 JUN 12 P 3:12  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof,  
DO HEREBY CERTIFY, that articles of organization for

KARE HOME ASSISTANCE, LLC

a domestic limited liability company, were filed in this office on June 16, 2004.

Articles of dissolution have not been filed, and so far as indicated by the records of this office such  
limited liability company is in existence.



---

Secretary of the State

Date Issued: June 05, 2017