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TALLARASSEE, FLORIDA

FILED



August 7, 2017

EDWARD A. STOREY III, ESQ 3670 MAGUIRE BLVD., SUITE 200 ORLANDO, FL 32803 US

SUBJECT: HOME HELPERS OF FLORIDA, LLC

Ref. Number: W17000064231

We have received your document for HOME HELPERS 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):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

Please return the corrected original and one copy of 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) 254-6051.

Letter Number: 817A00015914

Judy A Leggett
Regulatory Specialist II
Registration Section

www.sunbiz.org

## COVER LETTER

TO:

TO:	Registration 5 Division of Co		s				
SUBJE	НОМЕ Н	ELPERS (	OF FLORIDA, LLC, a D	elaware Iim	ited liabil	lity compar	ny
			Name	of Limited	Liability (	Company	
The encl Existence	osed "Applicat e. and check ar	ion by For e submitte	eign Limited Liability Co d to register the above re	ompany for ferenced for	Authoriza reign limi	ation to Tra ted liability	ansact Business in Florida," Certificate of y company to transact business in Florida.
Please re	eturn all corres	ondence c	oncerning this matter to	the followin	g:		
	Edwa	ard A. Stor	ey III. Esq.				
		<del></del>		Name of P	erson		<del></del>
	Store	y Law Gro	oup, P.A.				
				Firm/Com	pany	<u>_</u>	<del>-</del>
	3670	Maguire E	Blvd., Ste. 200				
				Addres	ss		
	Orlar	ido, FL 32	803				
			Cit	y/State and	Zip Code		
	estorey	@storeyla	wgroup.com				
			E-mail address: (to be a	used for futu	ire annual	report not	ification)
For furth	er information	concerning	this matter, please call:				
	Darcey Duran	t		40 at (	7	488-12.	25
		Name o	Contact Person		rea Code	Day	time Telephone Number
	MAILING AI Division of Co Registration Se P.O. Box 6327 Tallahassee, Fl	rporations ection				Division Registrati Clifton B 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301
Enclosed	l is a check for ■ \$125.00 Fil	the following Fee	ng amount:  \$\sum \\$130.00 \text{ Filing Fee \delta}  Certificate of \text{Status}		5.00 Filir ed Copy	ig Fee &	☐ \$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 695.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

r name unavaliable, enter alternate n	ame adopted for the purpose of transacting business in Flo	orida. The alternate name must include "Limited Liab	rility Company," "L.L.C," or "LLC.")
Delaware		3 TBD	
	hich foreign lumited liability company is organized)	(FE) numb	er, tl'applicable)
	(Date first transacted business in Florida, if prior to	registration)	<del></del>
/ C	(See sections 605 0904 & 605,0905, F.S. to determ	, , ,	
c/o Storey Law Group	Principal Office)	6. c/o Storey Law Group, P.A	ressi
3670 Maguire Blvd., S	•	3670 Maguire Blvd., Ste. 2	
Orlando, FL 32803		Orlando, FL 32803	7 5
Name and street address	ss of Florida registered agent: (P.O. Bo	v NOT accentable)	至四日
ivanie and street addres		is 1401 acceptable)	SSS A
Name:	Edward A. Storey III, Esq.		mag ~ m
Office Address:	3670 Maguire Blvd., Stc. 200		E 2
J. 1100 / 10		22002	98 <del>-</del>
	Orlando (City)	. Florida 32803	5 m 21
gistered agent's accep	· · · · · · · · · · · · · · · · · · ·	(2):17 € 0.00	
	Edward A Storey III, Esq.		
	Edward A Storey III, Esq. (Registered agent's	s signature)	<del></del>
. The name, title or cap	_ <del></del>	as/have authority to manage is/are:	<del></del>
The name, title or capa	(Registered agent's	-	Name and Address:
	(Registered agent's acity and address of the person(s) who h	as/have authority to manage is/are:	Name and Address:
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Title or Capacity: Manager	(Registered agent's acity and address of the person(s) who h  Name and Address:  Edward A Store  3470 Maavice Blyd  Orlando, FL 32	as/have authority to manage is/are:  Title or Capacity:	Name and Address:
Title or Capacity:  Manager  Jse attachments if neces	(Registered agent's acity and address of the person(s) who h  Name and Address:  Edward A Store  3470 Maavice Blvd  Orlando, FL 32	as/have authority to manage is/are:  Title or Capacity:  VIII  Suite 200  803	
Title or Capacity:  Manager  Jse attachments if neces  Attached is a certificate	(Registered agent's acity and address of the person(s) who he Name and Address:  Edward A. Store 3470 Maavive Blyd Orlando, FL 32  (sary)  e of existence, no more than 90 days old,	as/have authority to manage is/are:  Title or Capacity:  VIII  Suite 200  803	ving custody of records in
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Typed or printed name of signee

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "HOME HELPERS 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 THIRD DAY OF AUGUST, A.D. 2017.

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

Authentication: 202996713

Date: 08-03-17