

Division of Corporations

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To:

Division of Corporations
Fax Number : (350) 617-6303

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800) 221-2972
Fax Number : (718) 889-7420

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

Foreign Limited Liability Company GWS HOME CARE LLC

Certificate of Status	0
Certified Copy	0
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Y SCOTT

JUN 11 2019
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

1. GWS HOME CARE LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.L.C.")

2. NEW YORK

3. 47-4418763

(EIN number, if applicable)

4. Jurisdiction under the law of which foreign limited liability company is organized

5. UPOIN FILING

(Date first transacted business in Florida, if prior to registration)
(See sections 605.001 & 605.002, F.S., to determine penalty liability)

6. 711 FOREST CLUB DRIVE #406 WELLINGTON FL 33414

(Street Address of Principal Office)

7. 711 FOREST CLUB DRIVE #406 WELLINGTON FL 33414

(Mailing Address)

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

Name: GREGORY SIMONS
Office Address: 711 FOREST CLUB DRIVE #406
WELLINGTON Florida 33414
(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.

(Signature of Gregory Simons)
(Registered agent's signature)

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

GREGORY SIMONS-MEMBER- 711 FOREST CLUB DRIVE #406 WELLINGTON FL 33414

10. 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 Gregory Simons)
(Signature of an authorized person)

This document is executed in accordance with section 605.02(2)(f) of the 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.

GREGORY SIMONS-MEMBER

(Typed or printed name of signer)

FILED
2019 JUN 10 PM 4:36
TALLAHASSEE, FLORIDA
CLERK OF THE COURT

State of New York Department of State } ss:

I hereby certify, that GWS HOME CARE LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 05/27/2015, and that the Limited Liability Company is existing so far as shown by the records of the Department. I further certify the following:

A Certificate of Amendment was filed on 06/09/2015.

A Certificate of Publication of GWS HOME CARE LLC was filed on 09/04/2015.

A Biennial Statement was filed 12/01/2017.

I further certify, that no other documents have been filed by such Limited Liability Company.



...

Witness my hand and the official seal of the Department of State at the City of Albany, this 07th day of June two thousand and nineteen.

Whitney Clark

Whitney Clark
Deputy Secretary of State

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