

M200000006479

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

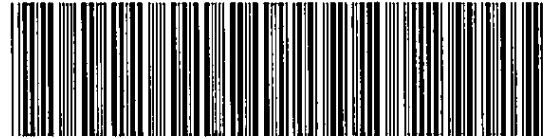
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

7/14 Received corrected paperwork

W2-65029

Office Use Only



300346068113

05/22/20--01035--025 **125.00

2020 JUL 14 PM 4:22
CLAY STATE
COUNTY CLERK

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Adamy Elder Care Law, 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:

Greg Campbell
Name of Person

Adamy Elder Care Law, LLC
Firm/Company

12910 Shelbyville Road, Suite 124
Address

Louisville, KY 40243
City/State and Zip Code

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

For further information concerning this matter, please call:

Greg Campbell 502 208-7235
Name of Contact Person at () Area Code Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$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. Adamy Elder Care Law, 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. KY 3. 85-1442947
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. June 18, 2020
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. Adamy Elder Care Law
(Street Address of Principal Office)

2850 Isabella Blvd., Suite 10

Jacksonville Beach, FL 32250

6. Adamy Elder Care Law
(Mailing Address)

12910 Shelbyville Road, Suite 124

Louisville, KY 40243

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

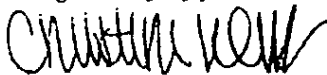
Name: C T Corporation

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.



Christine Kelm - Assistant Secretary

(Registered agent's signature)

FILED
2020 JUL 14 PM 4:22
CLERK OF STATE
TALLAHASSEE, FLORIDA

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

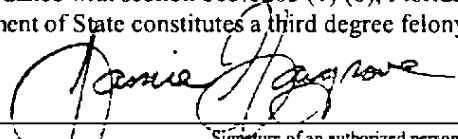
<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input type="checkbox"/> Manager	Name:	Yasmin Adamy		<input type="checkbox"/> Manager	Name:		
<input checked="" type="checkbox"/> Member	Address:	2850 Isbella Blvd.		<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized		Suite 10		<input type="checkbox"/> Authorized			
Person		Jacksonville Beach, FL 32250		Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:	National Elder Care Law		<input type="checkbox"/> Manager	Name:		
<input checked="" type="checkbox"/> Member	Address:	12910 Shelbyville Road		<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized		Suite 124		<input type="checkbox"/> Authorized			
Person		Louisville, KY 40243		Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:			<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:			<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized				<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	

FILED
 2020 JUL 14 PM 4:22
 CLERK OF DISTRICT COURT
 1500 N. 17th St.
 JACKSONVILLE, FL 32202

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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)

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.



 Signature of an authorized person

James Hargrove, Partner - National Elder Care Law

Typed or printed name of signer

Original

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

Michael G. Adams
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

Certificate of Existence

Authentication number: 233558

Visit <https://web.sos.ky.gov/ftshow/certvalidate.aspx> to authenticate this certificate.

I, Michael G. Adams, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

ADAMY ELDER CARE LAW, LLC

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is June 17, 2020 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 8th day of July, 2020, in the 229th year of the Commonwealth.



Michael G. Adams

Michael G. Adams
Secretary of State
Commonwealth of Kentucky
233558/1100697



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 25, 2020

GREG CAMPBELL
ADAMY ELDER CARE LAW, PLLC
12910 SHELBYVILLE ROAD, SUITE 124
LOUISVILLE, KY 40243 US

SUBJECT: ADAMY ELDER CARE LAW, PLLC
Ref. Number: W20000065029

We have received your document for ADAMY ELDER CARE LAW, PLLC and check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Florida law does not provide for the recognition of a foreign professional limited liability company. An acceptable limited liability company suffix will need to be added to your entity name for this Department to accept and file your document.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Laura D Chang
Regulatory Specialist II

Letter Number: 920A00012585