

Madame Justice

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

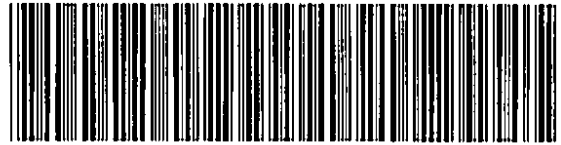
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/02/20--01023--011 **130.00

FILED

2021 SEP 21 AM 9:32

CLERK OF COURT
JANIS S. BROWN

W20-90881

W20-70373

SEP 24 2020

COVER LETTER

TO: **Registration Section**
Division of Corporations
A Plus Health Careers, LLC

SUBJECT: _____
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:

Delonia Rencher

Name of Person

A Plus Health Careers

Firm/Company

14469 Breakwater Way

Address

Winter Garden FL 34787

City/State and Zip Code

aphelle@yahoo.com

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

For further information concerning this matter, please call:

Delonia Rencher

330

274-7767

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 18, 2020

DELONIA RENCHERS
14469 BREALWATER WAY
WINTER GARDENS, FL 34787

SUBJECT: A PLUS HEALTH CAREERS, LLC
Ref. Number: W20000090881

We have received your document for A PLUS HEALTH CAREERS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

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.

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.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 320A00015684

**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:

A Plus Health Careers, LLC

1. _____
(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. OHIO, Cleveland
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 27-5080292
(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. 14469 Breakwater way
(Street Address of Principal Office)

6. _____
(Mailing Address)

Winter garden Fl 34787

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

Name: Delonia Rencher

Office Address: 14469 Breakwater way

winter garden . Florida 34787
(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.

DL Rencher
(Registered agent's signature)

FILED
2021 SEP 21 AM 9:08
CLERK OF DISTRICT COURT
JACKSONVILLE, 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]:

Title or Capacity: **Name and Address:**
☐ Manager Name: Charlie Rencher
☐ Member Address: 14469 Breakwater Way
☒ Authorized Winter Garden, FL 34787
Person
☒ Other ☐ Other

Title or Capacity: **Name and Address:**
☐ Manager Name: Sheena Rencher
☐ Member Address: 14469 Breakwater Way
☒ Authorized Winter Garden FL 34787
Person
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other ☐ Other

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.

CRencher
Signature of an authorized person

Delonia Rencher
Typed or printed name of signer



Wed Jun 17 2020

Entity#: 2001885
Filing Type: DOMESTIC LIMITED LIABILITY COMPANY
Original Filing Date: 03/02/2011
Location: ---
Business Name: A PLUS HEALTH CAREERS, LLC

Status: Active
Exp. Date: -

Agent/Registrant Information

DELONIA RENCHER
1958 AUTUMN RIDGE DR
STREETSBORO OH 44241
03/02/2011
Active

Filings

Filing Type	Date of Filing	Document ID
ARTICLES OF ORGNZTN/DOM. PROFIT LIM.LIAB CO.	03/02/2011	201106301362

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF SECRETARY OF STATE

I, Frank LaRose, Secretary of State of the State of Ohio, do hereby certify that this is a list of all records approved on this business entity and in the custody of the Secretary of State.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 17th of June, A.D. 2020

Ohio Secretary of State