

M20000009036

(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:

W20000083015
0064504183 06540

Office Use Only



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07/27/20--01020--020 **155.00

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10/10/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMORSO AT Home Senior & Disability Care 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:

Karisha Thomas
Name of Person

Firm/Company

1821 summit rd ste 113
Address

Cincinnati, OH 45237 suite 113
City State and Zip Code

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

For further information concerning this matter, please call:

Karisha Thomas at (513) 973-9612
Name of Contact Person 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

Amorco at Home Senior & Disability Care LLC

Amorco Home Care LLC

OHIO

1821 summit rd Ste 113

1821 summit rd Ste 113

Cincinnati, OH 45237

Cincinnati, OH 45237

Suite 113

Suite 113

Not a secret or confidential matter (P.O. Box NOT acceptable)

Registered agent: United State Cooperation agent inc.

5575 S Semoran Blvd suite 36

Orlando

FL 32822

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company, I, _____, designated in this application, I hereby accept the appointment as registered agent and agree to act in accordance with the provisions of all statutes relative to the proper and complete performance of my duties as registered agent and accept the obligations of my position as registered agent.



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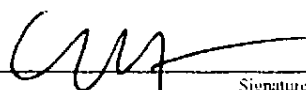
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Isaiah Thomas</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>1821 Summit rd Ste 113</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	<u>Cincinnati, OH 45237</u>	<input type="checkbox"/> Authorized 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 Person	_____	<input type="checkbox"/> Authorized 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 Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.



Signature of an authorized person

Karisha Thomas

Typed or printed name of signer

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

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show AMORSO AT HOME SENIOR & DISABILITY CARE, LLC, an Ohio For Profit Limited Liability Company, Registration Number 2411344, was organized within the State of Ohio on July 15, 2015, is currently in FULL FORCE AND EFFECT upon the records of this office.



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 26th day of June, A.D. 2020.*

Frank LaRose

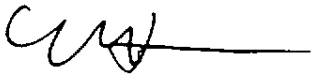
Ohio Secretary of State

Validation Number: 202017802834

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September 9th 2020

I Karisha Thomas have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

A handwritten signature in black ink, appearing to be 'CW' followed by a horizontal line.

Karisha Thomas

2020 28 11 0 22



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 24, 2020

KARISHA THOMAS
1821 SUMMIT RD STE 113
CINCINNATI, OH 45237 US

SUBJECT: AMORSO AT HOME SENIOR & DISABILITY CARE, LLC
Ref. Number: W20000083015

We have received your document for AMORSO AT HOME SENIOR & DISABILITY CARE, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence. ✓

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$1,193.75. ✓

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity. ✓

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.

Sharon D Franklin
Regulatory Specialist II

Letter Number: 920A00014424

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SEP 28 2020