

ma000012077

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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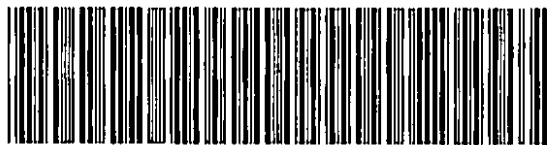
(Business Entity Name)

(Document Number)

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09/08/21--01024--011 \*\*125.00

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21 SEP 13 PM 12:21

CLERK OF STATE  
TALLAHASSEE, FLORIDA

W21-  
1201  
122573

9/14/21



COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Community Comfort 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:

Kae'onna Allison  
Name of Person

Community Comfort CARE LLC  
Firm/Company

9405 Saure St.  
Address

Riverview Florida 33569  
City/State and Zip Code

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

For further information concerning this matter, please call:

Kae'onna Allison at ( 412 ) 607-7683  
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





FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 10, 2021

RAEANNA ALLISON  
9405 SAYVE ST  
RIVERVIEW, FL 33569

SUBJECT: COMMUNITY COMFORT CARE LLC  
Ref. Number: W21000122573

We have received your document for COMMUNITY COMFORT CARE 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):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer 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: 021A00021783



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

Community ComfortCare F/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. Pennsylvania  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 83-0818857  
(FEI number, if applicable)

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

5. 401 East Jackson St.  
(Street Address of Principal Office)

6. 401 East Jackson St.  
(Mailing Address)

(SunTrust Financial Center)

(SunTrust Financial Center)

Suite 2340 Tampa, FL 33602

Suite 2340 Tampa, FL 33

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

Name:

Raeanna Allison

Office Address:

401 East Jackson St. Suite 2340

Tampa

(City)

Florida

33602  
(Zip code)

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TAMPA, FLORIDA

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.

Raeanna Allison

(Registered agent's signature)



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:	<u>Kellana Allen</u>		<input type="checkbox"/> Manager	Name:		
<input checked="" type="checkbox"/> Member	Address:	<u>401 E Jackson St</u>		<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized		<u>Tampa</u>	<u>2340</u>	<input type="checkbox"/> Authorized			
Person		<u>33602</u>		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			
<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			

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.

Kellana Allen  
Signature of an authorized person

Kellana Allen



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE

09/02/2021

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Community Comfort Care LLC

is duly registered as a Pennsylvania Benefit Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set  
my hand and caused the Seal of the Secretary's  
Office to be affixed, the day and year above written

A handwritten signature in cursive script, reading "Veronica W. Degroot".

Acting Secretary of the Commonwealth

Certification Number: TSC210902080263-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>