

F24000004349

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

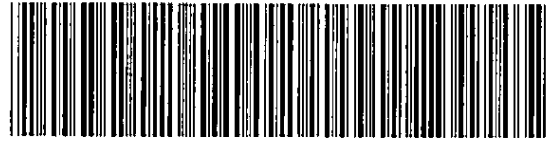
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2024 AUG 16 PM 5:51

CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

AUG 16 2024

K. Brumbley

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com

incserv

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau

850.656.7953

REQUEST DATE 8/16/2024

PRIORITY Regular Approval

OUR REF # (Order ID#) 1279615

ORDER ENTITY
HAMPTON HOME CARE, INC.

PLEASE PERFORM THE FOLLOWING SERVICES:

HAMPTON HOME CARE, INC. (FL)

File the attached foreign qualification document

NOTES:

\$70.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. HAMPTON HOME CARE, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NEW YORK 3. 11 2696011
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 7 12 1984 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 609 HAMPTON ROAD, SUITE 2, SOUTHAMPTON, NY 11968
(Principal office street address)

609 HAMPTON ROAD, SUITE 2, SOUTHAMPTON, NY 11968
(Current mailing address, if different)

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

Name: CORPORATE SERVICE BUREAU INC
Office Address: 1540 GLENWAY DRIVE
TALLAHASSEE, Florida 32301
(City) (Zip code)

APPROVED
AND
FILED
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CLERK OF THE COURT
STATE OF FLORIDA

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

Scott Schuster

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☐ Chairman Name: KEITH BLANEY
☐ Vice Chairman Address: 609 HAMPTON ROAD
☐ Director SUITE 2
☐ President SOUTHAMPTON, NY 11968
☒ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ 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.

12. S/KEITH BLANEY
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in 8.17.155, F.S.

13. KEITH BLANEY - VICE PRESIDENT
(typed or printed name and capacity of person signing application)

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, WALTER T. MOSLEY, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: HAMPTON HOME CARE, INC.
DOS ID Number: 929771
Entity Type: DOMESTIC BUSINESS CORPORATION
Entity Status: EXISTING
Date of Initial Filing with DOS: 07/12/1984
Statement Status: CURRENT
Statement Due Date: 07/31/2026

I certify that the following is a list of documents on file in the Department of State for said entity:

Document Type: CERTIFICATE OF INCORPORATION
Date of Filing: 07/12/1984
Entity Name: HAMPTON HOME CARE, INC.

Document Type: BIENNIAL STATEMENT
Date of Filing: 06/20/1995
Effective Date: 07/01/1993

Document Type: BIENNIAL STATEMENT
Date of Filing: 07/30/1996
Effective Date: 07/01/1996

Document Type: BIENNIAL STATEMENT
Date of Filing: 07/21/1998
Effective Date: 07/01/1998

Document Type: BIENNIAL STATEMENT
Date of Filing: 07/10/2000
Effective Date: 07/01/2000

Document Type: BIENNIAL STATEMENT
Date of Filing: 07/15/2002
Effective Date: 07/01/2002

Document Type: BIENNIAL STATEMENT
Date of Filing: 07/06/2006
Effective Date: 07/01/2006

Document Type: BIENNIAL STATEMENT
Date of Filing: 07/29/2008
Effective Date: 07/01/2008

Document Type: BIENNIAL STATEMENT
Date of Filing: 09/08/2010
Effective Date: 07/01/2010

Document Type: BIENNIAL STATEMENT
Date of Filing: 07/05/2012
Effective Date: 07/01/2012

Document Type: BIENNIAL STATEMENT
Date of Filing: 07/23/2014
Effective Date: 07/01/2014

Document Type: BIENNIAL STATEMENT
Date of Filing: 07/19/2016
Effective Date: 07/01/2016

Document Type: BIENNIAL STATEMENT

Date of Filing: 08/15/2024

No information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department
of State, at the City of Albany, on August 15, 2024 at
03:32 P.M.



WALTER T. MOSLEY
Secretary of State

Brendan C. Hughes

BRENDAN C. HUGHES
Executive Deputy Secretary of State

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