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PA P.U.C.
SECRETARY'S BUREAU

Application for Motor Common Carrier of Persons Group and Party Service in Vehicles Seating 11 to 15, Including the Driver

THIS APPLICATION IS TO BE USED FOR CHARTER SERVICE FOR GROUPS, OR ON A NONEXCLUSIVE BASIS FOR TOUR, SIGHTSEEING, OR EXCURSION SERVICE LIMITED TO VEHICLES SEATING 11 TO 15 PEOPLE, INCLUDING THE DRIVER.

1. **Legal Name of Applicant** (Individual, Partnership or Corporation)

Loving Care Senior Services, Inc.

- If you are an individual who has not formed any type of corporate entity, you should enter your name **as it will appear on your insurance documents**.
- If you are filing for a partnership, but **not a limited liability partnership**, the names of all partners must be entered on this line. Those names should be entered **as they will appear on your insurance documents**. This includes husbands and wives filing jointly.
- If you are filing for a corporate entity (corporation, limited liability company, or limited liability partnership), **even if you are the sole shareholder member**, you must enter the name **exactly as it appears on the registration papers from the Corporation Bureau of the Pennsylvania Department of State**.

2. **Trade Name** (Attach a copy of fictitious name registration if applicable)

N/A

This is any name which you will be operating under which differs from the **LEGAL NAME OF APPLICANT**. A **TRADE NAME** is considered a **FICTITIOUS NAME** if the identity of the applicant cannot be readily determined. *EXAMPLE: John Doe is the applicant and wants to use the name "Johnboy Trucking" as his trade name. People cannot readily determine that John Doe is the actual operator; therefore, the name is fictitious and must be registered as such. Trade names such as "John Doe Trucking" or "J. Doe Trucking" are not considered fictitious and would not have to be registered.*

3. Do you currently hold PUC Authority? NO Previous Authority? NO

If YES, at PUC No. A- _____

4. Are you a business entity registered with the PA Dept. of State? NO

If NO, you must register (see checklist on how to register)

If YES, provide your PA Corporation Bureau Entity ID Number 3062619
(see checklist and indicate type of business entity registered)

5. **Physical Address** (do not use PO Box)

941 Old York Road
Street Address
Abington, PA 19001
City, State and Zip Code
(215) 576-5555 Telephone Number
Montgomery County

The address entered should reflect the actual location of the business. This is the address the Commission needs in order to dispatch Enforcement Officers to inspect equipment.

6. **Mailing Address** (if different from Physical Address)

941 Old York Road
Street Address
Abington, PA 19001
City, State and Zip Code

This is the address to which the Commission will send all official documents issued by the Commission. If left blank, it will be assumed that the **MAILING ADDRESS** is the same as the **PHYSICAL ADDRESS**.

7. **Attorney** (if applicable)

N/A

Attorney's Name & Telephone Number for this Filing
Attorney's Address

An attorney's name should only be entered if an attorney is filing the application for a client and the application is being sent under the attorney's cover letter.

8. **Does applicant hold interstate operating authority?**

No Yes, at No. _____

9. **Describe the service area proposed by this application.**

(Use the space below or attach additional sheet if space provided is not sufficient).

To transport people in group and party service in vehicles seating 11 to 15 people, including the driver from points in Philadelphia County and Montgomery County to points in PA, and return.

- Examples:
- To transport people in group and party service in vehicles seating 11 to 15 people, including the driver, between points in the counties of Erie and Crawford.
 - To transport people in group and party service in vehicles seating 11 to 15 people, including the driver, from points in Washington County to points in PA, and return.

10. **Certification:**

Applicant certifies that it is not now engaged in unauthorized intrastate transportation for compensation between points in Pennsylvania and will not engage in said transportation unless and until authorization is received from the Pennsylvania Public Utility Commission.

Applicant further certifies that it understands the requirements of the Pennsylvania Public Utility Commission, especially as they relate to safety and insurance and that it may be subject to civil penalties, suspension or cancellation of the Certificate for failure to comply with Commission requirements.

Applicant further certifies that it understands that it is subject to an annual assessment based upon its reported gross Pennsylvania intrastate revenues; said assessment to help defray expenses incurred in regulating Motor Common Carriers of Persons in Group and Party Service in Vehicles Seating 11 to 15 persons, including the Driver; and acknowledges that failure to report revenue and pay its annual assessment may result in civil penalties, suspension or cancellation of the certificate.

Verification of Application

I/We hereby state that the statement(s) made in this application is/are true and correct to the best of my/our knowledge and belief.

The undersigned understands that false statements herein are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities.

Linda Stowe-Napier, M.Ed., President
(Print Name)

S. A. Napier, M.Ed., President 6/16/14
(Signature) (Date)

The verification of the application must be completed by the applicant appearing on Line 1 of the application by the named individual, all partners if a partnership, a member (if a limited liability company), or by the President or Secretary (if a corporation).

PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU
ROOM 206 NORTH OFFICE BUILDING
P.O. BOX 8722
HARRISBURG, PA 17105-8722

656

LOVING CARE SENIOR SERVICES, INC.

THE CORPORATION BUREAU IS HAPPY TO SEND YOU YOUR FILED DOCUMENT. PLEASE NOTE THE FILE DATE AND THE SIGNATURE OF THE SECRETARY OF THE COMMONWEALTH. THE CORPORATION BUREAU IS HERE TO SERVE YOU AND WANTS TO THANK YOU FOR DOING BUSINESS IN PENNSYLVANIA. IF YOU HAVE ANY QUESTIONS PERTAINING TO THE CORPORATION BUREAU, PLEASE VISIT OUR WEB SITE LOCATED AT WWW.DOS.STATE.PA.US/CORPS OR CALL (717) 787-1057.

ENTITY NUMBER: 3062619

MICROFILM NUMBER: 2002036

1627-1628

L STONE-NAPPER
7823 BAYARD ST
PHILADELPHIA PA 19150

Microfilm Number 2002036-1627

Filed with the Department of State on APR - 1 2002

Entity Number 3062619

ACTING C. Michael Stewart
Secretary of the Commonwealth

ARTICLES OF INCORPORATION-FOR PROFIT
OF

Loving Care Senior Services, INC.
Name of Corporation

A TYPE OF CORPORATION INDICATED BELOW

Indicate type of domestic corporation:

- Business-stock (15 Pa.C.S. '1306)
- Business-nonstock (15 Pa.C.S. '2102)
- Business-statutory close (15 Pa.C.S. '2303)
- Cooperative (15 Pa.C.S. '7102)
- Management (15 Pa.C.S. '2702)
- Professional (15 Pa.C.S. '2903)
- Insurance (15 Pa.C.S. '3101)

DSCB:15-1306/2102/2303/2702/2903/3101/7102A (Rev 91)

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. (relating to corporations and incorporated associations) the undersigned, desiring to incorporate a corporation for profit hereby, state(s) that:

The name of the corporation is: Loving Care Senior Services, INC.

The (a) address of this corporation's initial registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is:

a) 7823 Bayard St. Phila. Pa. 19150 Pa.
Number and Street City State Zip County

b) c/o: _____
Name of Commercial Registered Office Provider County

If a corporation represented by a commercial registered office provider, the county in (b) shall be deemed the county in which the corporation is located for venue and official publication purposes.

The corporation is incorporated under the provisions of the Business Corporation Law of 1988.

The aggregate number of shares authorized is: _____ (other provisions, if any, attach 8 1/2 x 11)

The name and address, including number and street, if any, of each incorporator is:

Name	Address
<u>Linda Stone-Napper</u>	<u>7823 Bayard St. Phila. Pa. 19150</u>

PA DEPT. OF STATE

APR 15 2002

PA DEPT. OF STATE

Dept. of State Entity Number _____

FILING FEE: NONE

Revenue Box Number _____

Filing Period _____ Date 3 4 5 _____

SIC _____ Report Code _____

This form (file in triplicate) and all accompanying documents shall be mailed to:

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
CORPORATION BUREAU
P.O. BOX 8722
HARRISBURG, PA 17105-8722

Check proper box:

- Pa. Business-stock ___ Pa. Business-nonstock ___ Pa. Business-Management ___ Pa. Professional
- ___ Pa. Business-statutory close ___ Pa. Business-cooperative ___ Pa. Nonprofit-stock ___ Pa. Nonprofit-nonstock
- ___ Foreign-business ___ Foreign-nonprofit ___ Motor Vehicle for Hire ___ Insurance
- ___ Foreign-Certificate of Authority to D/B/A _____
- ___ Business Trust
- ___ Pa. Limited Liability Company ___ Pa. Restricted Professional Limited Liability Company
- ___ Foreign Limited Liability Company ___ Foreign Restricted Professional Limited Liability Company

Association registering as a result of (check box):

- Incorporation (Pa.) ___ Domestication ___ Consolidation
- ___ Authorization of a foreign association ___ Division ___ Summary of Record
- ___ Organization (Pa.)

1. Name of entity: Loving Care Senior Services

2. Location of (a) initial registered office in Pennsylvania or (b) the name and county of the commercial registered office provider:

(a) 7873 Bayard street Phila. Pa. 19150
Number and Street/RO number and Box City State Zip code County

(b) c/o: _____
Name of commercial registered office provider County

3. State or Country of Incorporation/Organization: Pennsylvania

4. Specified effective date, if applicable: _____

5. Federal Identification Number: pending

6. Describe principal Pennsylvania activity to be engaged in, within one year of this application date: The

principal activity will be servicing the elderly
with their daily living needs. i.e. grocery shopping,
prescription pick-ups, etc.

6. The specified effective date, if any, is: _____
month day year hour, if any

7. Additional provisions of the articles, if any, attach an 8 1/2 x 11 sheet.

8. Statutory close corporation only: Neither the corporation nor any shareholder shall make an offering of any of its shares of any class that would constitute a "public offering" within the meaning of the Securities Act of 1933 (15 U.S.C. 77a et seq.).

9. Cooperative corporations only: (Complete and strike out inapplicable term) The common bond of membership among its members/shareholders is: N/A

IN TESTIMONY WHEREOF, the incorporator(s) has (have) signed these Articles of Incorporation this 13th day of March, 2002.

St. Robert, M.D.
(Signature)

(Signature)

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
CORPORATION BUREAU
206 NORTH OFFICE BUILDING
P.O. BOX 8722
HARRISBURG, PA 17105-8722
WWW.CORPORATIONS.STATE.PA.US/CORP

LOVING CARE SENIOR SERVICES, INC.

THE CORPORATION BUREAU IS HAPPY TO SEND YOU YOUR FILED DOCUMENT. THE CORPORATION BUREAU IS HERE TO SERVE YOU AND WANTS TO THANK YOU FOR DOING BUSINESS IN PENNSYLVANIA.

IF YOU HAVE ANY QUESTIONS PERTAINING TO THE CORPORATION BUREAU, PLEASE VISIT OUR WEB SITE LOCATED AT WWW.CORPORATIONS.STATE.PA.US/CORP OR PLEASE CALL OUR MAIN INFORMATION TELEPHONE NUMBER (717)787-1057. FOR ADDITIONAL INFORMATION REGARDING BUSINESS AND / OR UCC FILINGS, PLEASE VISIT OUR ONLINE "SEARCHABLE DATABASE" LOCATED ON OUR WEB SITE.

ENTITY NUMBER: 3062619

LOVING CARE SENIOR SERVICES, INC.
7823 BAYARD ST,
PHILADELPHIA, PA 19150-0

PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU

Articles of Conversion
(15 Pa.C.S.)

- Domestic Business to Nonprofit (§ 1963)
- Domestic Nonprofit to Business Corporation (§ 5963)

Name	Loving Care Senior Services		
Address	c/o Linda Stone-Napper		
	7823	Bayard street	
City	State	Zip Code	
Phila.	PA	19150	

Document will be returned to the name and address you enter to the left.

Fee: \$70

In compliance with the requirements of the applicable provisions (relating to articles of conversion), the undersigned, desiring to effect a conversion, hereby states that:

1. The name of the corporation is:
Loving Care Senior Services, Inc.

2. The (a) address of this corporation's current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is (the Department is hereby authorized to correct the following information to conform to the records of the Department):

(a) Number and Street	City	State	Zip	County
7823 Bayard St.	Phila.	PA	19150	
(b) Name of Commercial Registered Office Provider	County			
c/o 720 Greenwood Avenue, Suite 304				
SEWINTOWN, PA 19046				

3. The statute by or under which it was incorporated:

4. The date of its incorporation:

PA DEPT. OF STATE

FEB 01 2007

PA DEPT. OF STATE

FEB 23 2007

Commonwealth of Pennsylvania
ARTICLES OF CONVERSION-ALL TYPES 7 Page(s)



T0705765030

5. Check, and if appropriate complete, one of the following:

- The plan of conversion shall be effective upon filing these Articles of Conversion in the Department of State.
- The plan of conversion shall be effective on: _____ at _____
Date Hour

6. Check one of the following:

- The plan of conversion was adopted by the shareholders (or members) pursuant to 15 Pa.C.S. § 1905 or adopted by the members (or shareholders) pursuant to 15 Pa.C.S. § 5905.
- The plan of conversion was adopted by the directors and shareholders (or members) pursuant to 15 Pa.C.S. §§ 1924(a) and 1962(b) or adopted by the directors and members (or shareholders) pursuant to 15 Pa.C.S. §§ 5924(a) and 5962(b).
- Option for Nonprofit to Business Only:* The plan of conversion was adopted by the board of directors pursuant to 15 Pa.C.S. §§ 5924(b) and 5962(b).

7. Check, and if appropriate complete, one of the following:

- The plan of conversion is set forth in full in Exhibit A attached hereto and made a part hereof.
- Pursuant to 15 Pa.C.S. § 1901/§ 5901 (relating to omission of certain provisions from filed plans) the provisions, if any, of the plan of conversion that amends or constitutes the operative provisions of the Articles of Incorporation of the converting corporation as in effect subsequent to the effective date of the plan is set forth in full in Exhibit A attached hereto and made a part hereof. The full text of the plan of conversion is on file at the principal place of business of the converting corporation, the address of which is:

5720 Greenwood Ave Suite 304 Jenkintown PA 19026
 Number and street City State Zip County

IN TESTIMONY WHEREOF, the undersigned corporation has caused these Articles of Conversion to be signed by a duly authorized officer thereof this

3 day of April 2006

Loving Care Senior Services, Inc.
 Name of Corporation

Signature
 Title
 President

**PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU**

Articles of Incorporation-For Profit

(15 Pa.C.S.)

- | | |
|--|--|
| <input type="checkbox"/> Business-stock (§ 1306) | <input type="checkbox"/> Management (§ 2703) |
| <input checked="" type="checkbox"/> Business-nonstock (§ 2102) | <input type="checkbox"/> Professional (§ 2903) |
| <input type="checkbox"/> Business-statutory close (§ 2303) | <input type="checkbox"/> Insurance (§ 3101) |
| <input type="checkbox"/> Cooperative (§ 7102) | |

Name <u>Linda Stone-Napper</u>	
Address <u>720 Greenwood Avenue Suite 304</u>	
City <u>Jenkintown, PA</u>	Zip Code <u>19046</u>

Document will be returned to the name and address you enter to the left.



Fee: \$125

In compliance with the requirements of the applicable provisions (relating to corporations and unincorporated associations), the undersigned, desiring to incorporate a corporation for profit, hereby states that:

1. The name of the corporation (corporate designator required, i.e., "corporation", "incorporated", "limited" "company" or any abbreviation. "Professional corporation" or "P.C"):

Loving Care Senior Services, Inc.

2. The (a) address of this corporation's current registered office in this Commonwealth (post office box, alone, is not acceptable) or (b) name of its commercial registered office provider and the county of venue is:

(a) Number and Street	City	State	Zip	County
<u>720 Greenwood Avenue Suite 304</u>	<u>Jenkintown, PA</u>	<u>PA</u>	<u>19046</u>	<u>Jenkintown, PA</u>
(b) Name of Commercial Registered Office Provider	County			
<u>720 Greenwood Avenue, Suite 304</u>	<u>Jenkintown, PA 19046</u>			

3. The corporation is incorporated under the provisions of the Business Corporation Law of 1988.

4. The aggregate number of shares authorized: zero

5. The name and address, including number and street, if any, of each incorporator (all incorporators must sign below):

Name	Address
Linda Stone-Napper	7823 Bayard St. Phil - PA 19150

6. The specified effective date, if any: 2/20/07
month/day/year hour, if any

7. Additional provisions of the articles, if any, attach an 8 1/2 by 11 sheet.

8. *Statutory close corporation only:* Neither the corporation nor any shareholder shall make an offering of any of its shares of any class that would constitute a "public offering" within the meaning of the Securities Act of 1933 (15 U.S.C. 77a et seq.)

9. *Cooperative corporations only: Complete and strike out inapplicable term:*
The common bond of membership among its members/shareholders is: N/A

IN TESTIMONY WHEREOF, the incorporator(s) has/have signed these Articles of Incorporation this 20 day of February, 2007

Linda Stone-Napper M.Ed.
Signature

Signature



"WE CATER TO YOU!" SERVICE WITH A SMILE.

941 OLD YORK ROAD
ABINGTON, PA. 19001
(215) 576-5555

Secretary, PA Public Utility
Commission
400 North Street, 2nd Floor
Harrisburg, PA 17120



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