

Nicole Johnson
First Horizon Transportation
7325 Rising Sun ave
Philadelphia, Pa 19111
267-970-6569 firsthorizonhomecare@yahoo.com

DATE OF DEPOSIT

NOV - 5 2021

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

October 1, 2021

Attention: Secretary of the Commission

RE: First Horizon Transportation
7325 Rising Sun
Philadelphia, PA 19111

Motor carrier docket number : A-6423932

This letter is to request an entity name change for "First Horizon Transportation".

I would like to request a name change to the company because, we was notified by Office of Long term living (OLTL) that in order for my home care agency "First Horizon Home Care" to provide transportation to our participants the name must be the same as the home care agency.

We are requesting a new license with the name "First Horizon Home Care". The original and only owner of both companies is Mrs. Nicole Johnson; there will be no change in ownership or control of the business. I have attached my articles of incorporation to this letter.


Sincerely,

Nicole Johnson

President


**PENNSYLVANIA DEPARTMENT OF STATE
 BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS**

Return document by mail to:
 The Law Offices of Kawalski, Fletcher & Kirkpatri
 Name
 3070 Bristol Pike, Building 2, Suite 204
 Address
 Bensalem PA 19020
 City State Zip Code
 Return document by email to: _____

Certificate of Organization Domestic
 Limited Liability Company
 DSCB:15-8821(rev. 2/2017)

 8821

Read all instructions prior to completing. This form may be submitted online at <https://www.corporations.pa.gov>.

Fee: \$125.00 I qualify for a veteran/reservist-owned small business fee exemption (see instructions)

In compliance with the requirements of 15 Pa.C.S. § 8821 (relating to certificate of organization), the undersigned desiring to organize a limited liability company, hereby certifies that:

1. The name of the limited liability company (designator is required, i.e., "company", "limited" or "limited liability company" or abbreviation):
 First Horizon Home Care LLC

2. Complete part (a) or (b) - not both:
 (a) The address of the limited liability company's initial registered office in this Commonwealth is:
 (post office box alone is not acceptable)

2961 N Bailey Street	Philadelphia	PA	19132	Philadelphia
Number and Street	City	State	Zip	County

(b) name of its commercial registered office provider and the county of venue is:
 c/o:
 Name of Commercial Registered Office Provider County

3. The name of each organizer is (all organizers must sign on page 2):

Name	Address
Nicole Johnson	2961 N Bailey Street, Philadelphia, Philadelphia, PA, United States, 19132

4. Effective date of Statement of Registration (check, and if appropriate complete, one of the following):
 The Certification of organization shall be effective upon filing in the Dept of State.
 The Certification of organization shall be effective _____ at _____ on:

DATE OF DEPOSIT (MM/DD/YYYY) Hour (if any)

NOV - 5 2021

5. **Restricted professional companies only.**

Check the box if the limited liability company is organized to render a restricted professional service and check the type of restricted professional service(s).

The company is a restricted professional company organized to render the following restricted professional service(s):

- Chiropractic
- Dentistry
- Law
- Medicine and surgery
- Optometry
- Osteopathic medicine and surgery
- Podiatric medicine
- Public accounting
- Psychology
- Veterinary medicine

6. **Benefit companies only.**

Check the box immediately below if the limited liability company is organized as a benefit company:

This limited liability company shall have the purpose of creating general public benefit

Optional specific public benefit purpose. Check the box immediately below if the benefit company is organized to have one or more specific public benefits and supply the specific public benefit(s). See instructions for examples of specific public benefit.

This limited liability company shall have the purpose of creating the enumerated specific public benefit(s):

7. **For additional provisions of the certificate, if any, attach an 8½ x 11 sheet.**

IN TESTIMONY WHEREOF, the organizer(s) has (have) signed this Certificate of Organization this 11 day of February, 2019.

Nicole Johnson

Signature

DATE OF DEPOSIT

NOV - 5 2021

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

4. Effective date of Statement of Registration (check, and if appropriate complete, one of the following):

The Certification of organization shall be effective upon filing in the Dept of State.

The Certification of organization shall be effective _____ at _____
on: Date(MM/DD/YYYY) Hour (if any)

5. **Restricted professional companies only.**

Check the box if the limited liability company is organized to render a restricted professional service and check the type of restricted professional service(s).

The company is a restricted professional company organized to render the following restricted professional service(s):

- Chiropractic**
- Dentistry**
- Law**
- Medicine and surgery**
- Optometry**
- Osteopathic medicine and surgery**
- Podiatric medicine**
- Public accounting**
- Psychology**
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This limited liability company shall have the purpose of creating general public benefit

Optional specific public benefit purpose. Check the box immediately below if the benefit company is organized to have one or more specific public benefits and supply the specific public benefit(s). See instructions for examples of specific public benefit.

This limited liability company shall have the purpose of creating the enumerated specific public benefit(s):

7. **For additional provisions of the certificate, if any, attach an 8½ x 11 sheet.**

IN TESTIMONY WHEREOF, the organizer(s) has (have) signed this Certificate of Organization this 11 day of February, 2019.

Nicole Johnson

Signature

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATION

Entity# : 6836458
Date Filed : 10/23/2020

Pennsylvania Department of State

Change of Registered Office
DSCB: 15-1507/5507/8625/8825

(rev. 2/2017)



15076

Return document by mail to:

nicole johnson
Name
7102 lincoln dr,
Address
philadelphia PA 19119
City State Zip Code

Return document by email to: _____

Read all instructions prior to completing. This form may be submitted online at <https://www.corporations.pa.gov/>.

Fee: \$5.00

The type of domestic association (check only one):

- Business Corporation
- Limited Liability Company
- Limited Liability Limited Partnership
- Nonprofit Corporation
- Limited Partnership

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. § 1507/5507/8625/8825 (relating to change of registered office), the undersigned domestic corporation, limited liability company, limited partnership or limited liability limited partnership, desiring to effect a change of registered office, hereby states that:

1. The name of the association is: First Horizon Home Care LLC

2. The current registered office address as on file with the Department of State. Complete part (a) OR (b) – not both:

(a)	<u>301 w mt pleasant ave,</u>	<u>Philadelphia</u>	<u>PA</u>	<u>19119</u>	<u>Philadelphia</u>
	Number and Street	City	State	Zip	County

(b) c/o:

_____	_____
Name of Commercial Registered Office Provider	County

3. New address. Complete part (a) or (b) – not both:

(a) The address in this Commonwealth to which the registered office of the corporation, limited partnership or limited liability company is to be changed is:

<u>7325 rising sun ave,</u>	<u>philadelphia</u>	<u>PA</u>	<u>19111</u>	<u>Philadelphia</u>
Number and Street	City	State	Zip	County

(b) The registered office of the corporation, limited partnership or limited liability company shall be provided by:

c/o:

_____	_____
Name of Commercial Registered Office Provider	County

4. *For corporations only:* Such change was authorized by the Board of Directors of the corporation.

IN TESTIMONY WHEREOF, the undersigned has caused this Statement or Certificate of Change of Registered Office to be signed by a duly authorized officer, general partner, member or manager thereof this

22 day of October, 2020.

First Horizon Home Care LLC

Name of Corporation/Limited Partnership/
Limited Liability Limited Partnership/Limited Liability Company

Nicole Johnson

Signature

CEO

Title

VERIFICATION

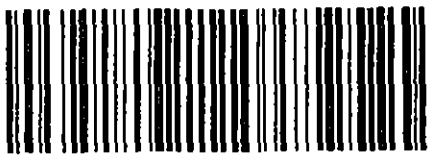
I, Michael Johnson, hereby state that the facts above set forth are true and correct (or are true and correct to the best of my knowledge, information and belief) and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa.C.S. §4904 (relating to unsworn falsification to authorities).

Michael Johnson
Signature

10/1/2021
Date

First Horizon Transportation
7325 Rising Sun
Phila, PA 19111

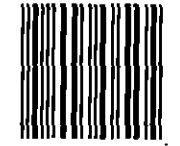
CERTIFIED MAIL



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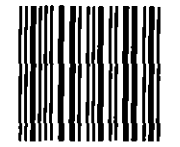
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NOV 10 2021

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU



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