

F14000004941

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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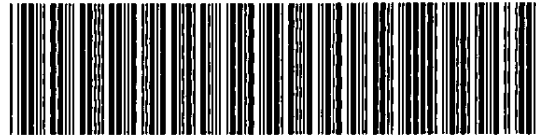
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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1/4



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 388276 5168074

AUTHORIZATION :

COST LIMIT :

Lyndell
\$ 0.00

ORDER DATE : November 21, 2014

ORDER TIME : 12:30 PM

ORDER NO. : 388276-005

CUSTOMER NO: 5168074

FOREIGN FILINGS

NAME: RETIREMENT HOME CARE, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER: _____

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. Retirement 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. North Carolina _____ 3. 56-1835313 _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. July 30, 1993 _____ 5. perpetual _____
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 3504 Flint Street, North Carolina, CA 27405 _____
(Principal office address)
5790 Fleet Street, Suite 300, Carlsbad, CA 92008 _____
(Current mailing address)

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

Name: Corporation Service Company _____

Office Address: 1201 Hays Street _____

Tallahassee _____, Florida 32301 _____
(City) (Zip code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

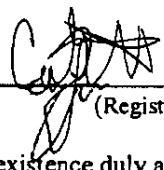
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9. Registered agent's acceptance:

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.

Corporation Service Company

By:  _____
(Registered agent's signature)

**Courtney Williams
Asst. Vice President**

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.

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TALLAHASSEE, FLORIDA

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Andrew S. Kohlberg

Address: 5790 Fleet Street, Suite 300

Carlsbad, CA 92008

Director: Walter W. Farley

Address: 5790 Fleet Street, Suite 300

Carlsbad, CA 92008

B. OFFICERS

President: Andrew S. Kohlberg

Address: 5790 Fleet Street, Suite 300

Carlsbad, CA 92008

Vice President: Terri Novak

Address: 5790 Fleet Street, Suite 300

Carlsbad, CA 92008

Secretary: Gillian Freeman

Address: 5790 Fleet Street, Suite 300, Carlsbad, CA 92008

Treasurer: Kimberly Hynek

Address: 5790 Fleet Street, Suite 300, Carlsbad, CA 92008

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 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 s.817.155, F.S.

13. Kimberly Hynek, Vice President/Treasurer

(Typed or printed name and capacity of person signing application)



NORTH CAROLINA Department of the Secretary of State

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

RETIREMENT HOME CARE, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 30th day of July, 1993, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 21st day of November, 2014.

Elaine F. Marshall

Secretary of State



Scan to verify online.