

**F16000004163**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

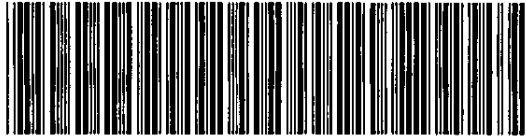
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:  
*Principal address 01182*  
  
*W16000060644*

Office Use Only



**500289353805**

08/31/16--01010--020 \*\*78.75

RECEIVED  
16 SEP 16 10:20 AM  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
*OS 9/16*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 1, 2016

DONNA DOUGLAS  
PO BOX 1030  
PALM BEACH, FL 33480

SUBJECT: THE CHANCELLOR GROUPTHOLDINGS CORPORATION  
Ref. Number: W16000060644

2016 SEP 16 PM 3:29  
TALLAHASSEE, FLORIDA

We have received your document for THE CHANCELLOR GROUPTHOLDINGS CORPORATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain both the street address of the principal office and the mailing address of the entity.

Please return the corrected original and one copy of 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.

Octavia I Simmons  
Regulatory Specialist II  
Registration Section

Letter Number: 516A00018662

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations  
The Chancellor Group Holdings Ltd.

**SUBJECT:** \_\_\_\_\_  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:  
Donna Douglas

Chancellor Health Trust	Name of Person
PO Box 1030	Firm/Company
Palm Beach, FL 33480	Address
Comptroller@ChancellorHealthTrust.com	City/State and Zip code
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

Donna Douglas	561	402-7100
_____	at (_____)	_____
Name of Person	Area Code	Daytime Telephone Number

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

**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.

The Chancellor Group Holdings Ltd

1. \_\_\_\_\_  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

The Chancellor Group Holdings Corporation

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)  
DE 47-2576166

2. \_\_\_\_\_ 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)  
12/11/2014

4. \_\_\_\_\_ 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)

~~PO Box 1030, Palm Beach, FL 33480~~

7. 6501 Congress Ave, Ste 100, Boca Raton, FL 33487  
(Principal office address)

PO Box 1030, Palm Beach, FL 33480  
(Current mailing address, if different)

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

Name: \_\_\_\_\_  
6501 Congress Ave., Suite 100

Office Address: \_\_\_\_\_  
Boca Raton 33487  
\_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip code)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 SEP 16 2014

**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.*

  
\_\_\_\_\_  
(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. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**B. OFFICERS**

President: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Donna Douglas

Vice President: \_\_\_\_\_

6501 Congress Ave, Suite 100

Address: \_\_\_\_\_

Boca Raton, FL 33487

Secretary: \_\_\_\_\_

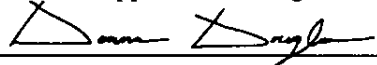
Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

**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 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 s.817.155, F.S.

Donna Douglas, VP

13. \_\_\_\_\_

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

16 SEP 16 10:00 AM  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ADDENDUM**

**Application by Foreign Corporation for Authorization to Transact Business in Florida**

Firm: The Chancellor Group Holdings Ltd.

11.

**B. OFFICERS - cont'd**

Vice President: Denton Douglas  
Address: 6501 Congress Ave, Suite 100  
Boca Raton, FL 33487

16 SEP 16 AM 11:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "THE CHANCELLOR GROUP HOLDINGS LTD" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF AUGUST, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THE CHANCELLOR GROUP HOLDINGS LTD" WAS INCORPORATED ON THE ELEVENTH DAY OF DECEMBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



5656019 8300

SR# 20165556237

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202902334

Date: 08-29-16