

F9500005606
TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section
Division of Corporations

900001623049
-10/30/95--01022--007
*****70.00 *****70.00

W95-21604

SUBJECT: SENIOR LIFE ENRICHMENT OF FLORIDA, INC.
(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", 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:

BYRLE CARRAWAY
(Name of Person)

SENIOR LIFE ENRICHMENT
(Firm/Company)

5601 ROANNE WAY BOX 38
(Address)

GREENSBORO, NC 27409
(City/State/Zip)

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Should you need to call someone concerning this matter, please call:

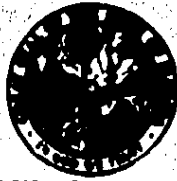
BYRLE CARRAWAY at (910) 632-9725
(Name of Person) (Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

October 31, 1995

BYRLE CARRAWAY
% SENIORS LIFE ENRICHMENT, INC.
5601 ROANNE WAY BOX 38
GREENSBORO, NC 27409

SUBJECT: SENIORS LIFE ENRICHMENT, INC.
Ref. Number: W95000021604

We have received your document for SENIORS LIFE ENRICHMENT, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

Please return 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 (904) 487-6097.

Michael Mays
Document Specialist

Letter Number: 895A00048672

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RESOLUTION OF BOARD OF DIRECTORS

I, the undersigned Byrle Carraway, do hereby certify that this Resolution of the Board of Directors of SENIORS LIFE ENRICHMENT, INC. a corporation duly organized and existing under the laws of the State of NC was duly adopted on 11/7, 1995.

Resolved, that SENIORS LIFE ENRICHMENT, INC., organized and existing in the State of NC, hereby adopts the name SENIORS LIFE ENRICHMENT, INC. OF NC for use in Florida.

Dated: 11-7-95

Byrle Carraway, P.C.O.
Signature of at least one director

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**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. SENIORS LIFE ENRICHMENT, INC.
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. NC
(State or country under the law of which it is incorporated)

3. 56-1747040
(FEI number, if applicable)

4. 7-12-91
(Date of Incorporation)

5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")

6. 10-2-95
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))

7. 5601 ROANNE WAY BOX 38
GREENSBORO, NC 27409
(Current mailing address)

8. Provide Psychological Services in Rest Homes + Nursing Homes
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: JAMES CARRAWAY

Office Address: 1600 Eau Gallie Blvd

Melbourne, Florida, (Zip Code) _____

10. 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)

11. 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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12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: Delbert Carraway

Address: 2810 Cameron Dr., Sanford, NC 27330

Vice Chairman: Byrle Carraway

Address: 4501 Somersworth Dr.

Greensboro, NC 27407

Director: JESSIE JAY CARRAWAY

Address: 901 WILDWOOD DR.

AYDEN, NC 28513

Director: _____

Address: _____

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: Delbert Carraway

Address: 2810 Cameron Dr.

Sanford, NC 27330

Vice President: BYRLE CARRAWAY

Address: 4501 Somersworth Dr.

Greensboro, NC 27407

4Vice Pres. Secretary: JESSIE JAY CARRAWAY

Address: 901 WILDWOOD DR.

AYDEN, NC 28513

Treasurer: _____

Address: _____

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

13. Byrle Carraway
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. BYRLE CARRAWAY, V.P., C.O.O.
(Typed or printed name and capacity of person signing application)

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STATE OF NORTH CAROLINA



Department of The
Secretary of State

CERTIFICATE OF EXISTENCE

I, **RUFUS L. EDMISTEN**, Secretary of State of the State of North Carolina, do hereby certify that

SENIORS LIFE ENRICHMENT, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 12th day of July, 1991, with its period of duration being perpetual.

I **FURTHER** certify that 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 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 3rd day of November, 1995.



Rufus L. Edmisten

Secretary of State

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