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Requestor's Name
314 N. Calhoun St
Address
Tallahassee, FL 32301 577-6557
City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Caro Foundation of America (Corporation Name) (Document #)
2. _____ (Corporation Name) (Document #)
3. _____ (Corporation Name) (Document #)
4. _____ (Corporation Name) (Document #)

File 1st

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JAN -4 PM 2:12

RECEIVED
00 JAN -4 PM 1:29
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

- ☐ Walk in ☒ Pick up time ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
☐	Profit
☐	NonProfit
☐	Limited Liability
☐	Domestication
☐	Other

AMENDMENTS	
☐	Amendment
☐	Resignation of R.A., Officer/ Director
☐	Change of Registered Agent
☐	Dissolution/Withdrawal
☐	Merger

OTHER FILINGS	
☐	Annual Report
☐	Fictitious Name
☐	Name Reservation

REGISTRATION/ QUALIFICATION	
☒	Foreign
☐	Limited Partnership
☐	Reinstatement
☐	Trademark
☐	Other

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-01/04/00--01051--006
*****70.00 *****70.00

Examiner's Initials

TRANSMITTAL LETTER

To: Registration Section
Division of Corporations

SUBJECT: Care Foundation of America, 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:

Mr. Robert Webb

(Name of Person)

Care Foundation of America, Inc.

(Firm/Company)

P.O. Box 1398

(Address)

Murfreesboro, TN 37133-1398

(City/State/Zip)

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

Bruce K. Duncan

(Name of Person)

at (615) 890-2020

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

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

FILED
DIVISION OF CORPORATIONS
JAN 2 12
00 JAN - 12

NON-PROFIT

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

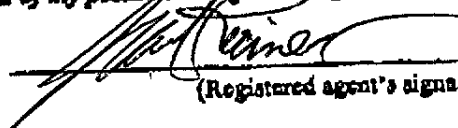
617.1503

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. Care Foundation of America, 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. Tennessee
(State or country under the law of which it is incorporated)
3. 62-1802653
(FEI number, if applicable)
4. December 9, 1999
(Date of incorporation)
5. perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. upon qualification
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. a. 2714 Archer Avenue, Murfreesboro, TN 37129
(Principal office address)
- b. P.O. Box 1398, Murfreesboro, TN 37133
(Current mailing address)
8. operation of nursing homes
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)
Name: Mr. Frank Rainer
Office Address: 314 North Calhoun Street
Tallahassee, Florida 32301
(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.

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

A. DIRECTORS

Chairman: N/A

Address: _____

Vice Chairman: N/A

Address: _____

Director: Robert T. WebbAddress: 2714 Archer AvenueMurfreesboro, TN 37129Director: John B. MortonAddress: 1511 Avon StreetMurfreesboro, TN 37129

B. OFFICERS

President: Robert T. WebbAddress: 2714 Archer AvenueMurfreesboro, TN 37129

Vice President: _____

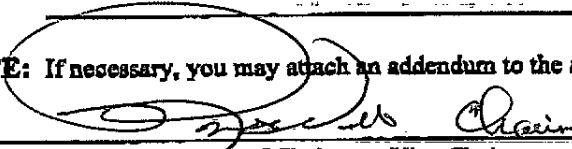
Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.13. 

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

14. Robert T. Webb - President and Director

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

DIVISION OF CORPORATIONS
00 JAN -11 PM 2:12

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Mazell Tambornini

Address: 1501 Montecello Court

Murfreesboro, TN 37129

Director: _____

Address: _____
_____**B. OFFICERS**

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____
_____**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.13. _____
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)14. _____
(Typed or printed name and capacity of person signing application)FILED
STATE OF
MISSISSIPPI
JAN - 11 PM 2:12

**Secretary of State
Corporations Section**

**James K. Polk Building, Suite 1800
Nashville, Tennessee 37243-0306**

500

051408

DATE: 12/09/99
REQUEST NUMBER: 3778-0746
TELEPHONE CONTACT: (615) 741-2286
FILE DATE/TIME: 12/09/99 1349
EFFECTIVE DATE/TIME: 12/09/99 1349
CONTROL NUMBER: 0381067

TO:
RICHARD F. LAROCHE, JR., ATTORNEY
P.O. BOX 1398

MURFREESBORO, TN 37133

RE:
CARE FOUNDATION OF AMERICA, INC.
CHARTER - NONPROFIT

FILED STATE
SECRETARY OF CORPORATIONS
00 JAN -4 PM 2:12

CONGRATULATIONS UPON THE INCORPORATION OF THE ABOVE ENTITY IN THE STATE OF TENNESSEE, WHICH IS EFFECTIVE AS INDICATED.

A CORPORATION ANNUAL REPORT MUST BE FILED WITH THE SECRETARY OF STATE ON OR BEFORE THE FIRST DAY OF THE FOURTH MONTH FOLLOWING THE CLOSE OF THE CORPORATION'S FISCAL YEAR. ONCE THE FISCAL YEAR HAS BEEN ESTABLISHED, PLEASE PROVIDE THIS OFFICE WITH THE WRITTEN NOTIFICATION. THIS OFFICE WILL MAIL THE REPORT DURING THE LAST MONTH OF SAID FISCAL YEAR TO THE CORPORATION AT THE ADDRESS OF ITS PRINCIPAL OFFICE OR TO A MAILING ADDRESS PROVIDED TO THIS OFFICE IN WRITING. FAILURE TO FILE THIS REPORT OR TO MAINTAIN A REGISTERED AGENT AND OFFICE WILL SUBJECT THE CORPORATION TO ADMINISTRATIVE DISSOLUTION.

WHEN CORRESPONDING WITH THIS OFFICE OR SUBMITTING DOCUMENTS FOR FILING, PLEASE REFER TO THE CORPORATION CONTROL NUMBER GIVEN ABOVE. PLEASE BE ADVISED THAT THIS DOCUMENT MUST ALSO BE FILED IN THE OFFICE OF THE REGISTER OF DEEDS IN THE COUNTY WHEREIN A CORPORATION HAS ITS PRINCIPAL OFFICE IF SUCH PRINCIPAL OFFICE IS IN TENNESSEE.

FOR: CHARTER - NONPROFIT

ON DATE: 12/09/99

FROM:
CARE FOUNDATION OF AMERICA INC.
P.O. BOX 1398

RECEIVED: FEES \$100.00 \$0.00
TOTAL PAYMENT RECEIVED: \$100.00

MURFREESBORO, TN 37133-0000

RECEIPT NUMBER: 00002580786
ACCOUNT NUMBER: 00326059

Riley C. Darnell

RILEY C. DARNELL
SECRETARY OF STATE

