F00000000054

Martin A. Fitzgerald
Requestor's Name

314 N. Calhoun St
Address

Tall FL 32301 577-6557
City/State/Zip Phone #

Office Use Only

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

1. Cass Foundation of America (Corporation Name) (Document #) File 1st
2. (Corporation Name) (Document #)
3. (Corporation Name) (Document #)
4. (Corporation Name) (Document #)

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

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

(6)

☐ 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 |

(6)

mk 1/4/00

| | OTHER FILINGS |
|---|---|
| | Annual Report |
| | Fictitious Name |
| | Name Reservation |

| | REGISTRATION/ QUALIFICATION |
|---|---|
| X | Foreign |
| | Limited Partnership |
| | Reinstatement |
| | Trademark |
| | Other |

700003087657--0
-01/04/00--01051--006
*****70.00 *****70.00

| Examiner's Initials | |
|---|---|

CR2E031(1/95)

# TRANSMITTAL LETTER

To: Registration Section
Division of Corporations

SUBJECT: Care Foundation of America, Inc.
(Name of corporation - must include suffix)

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

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 at ( 615 ) 890-2020
(Name of Person) (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

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.***

00 JAN 11 PM 2:12 SECRETARY OF STATE CORPORATIONS

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. Webb

Address: 2714 Archer Avenue

Murfreesboro, TN 37129

Director: John B. Morton

Address: 1511 Avon Street

Murfreesboro, TN 37129

**B. OFFICERS**

President: Robert T. Webb

Address: 2714 Archer Avenue

Murfreesboro, 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)

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JAN -4 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

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

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

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

MURFREESBORO, TN 37133-0000

| | FEES | |
|---|---|---|
| RECEIVED: | $100.00 | $0.00 |
| TOTAL PAYMENT RECEIVED: | | $100.00 |

RECEIPT NUMBER: 00002580786
ACCOUNT NUMBER: 00326059

Riley C. Darnell

RILEY C. DARNELL
SECRETARY OF STATE