

F00000006807

Document Number Only

CT Corporation System
660 East Jefferson Street
Tallahassee, FL 32301
850-222-1092

DATE: 12 / 8

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-12/08/00--01075--022

*****70.00 *****70.00

Corporation(s) Name

CCA of Tennessee, Inc.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

<input checked="" type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input checked="" type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution	<input type="checkbox"/> Mark
<input checked="" type="checkbox"/> LLC	<input type="checkbox"/> Withdrawal	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> UBR	<input type="checkbox"/> Other
<input type="checkbox"/> Reinstatement	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> Ch. RA
<input type="checkbox"/> UCC <input type="checkbox"/> 1 or <input type="checkbox"/> 3		

***Special Instructions**

<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input type="checkbox"/> CUS
<input type="checkbox"/> arts/ameds/mergers <input type="checkbox"/> Other-See Above		
<input checked="" type="checkbox"/> Walk in	<input checked="" type="checkbox"/> Pick-up	<input type="checkbox"/> Will Wait

Please Return Filed Stamped
Copies To:

Jeffrey Butterfield

Thank You!

ML
12/8

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CCA of Tennessee, 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:

(Name of Person)

(Firm/Company)

(Address)

(City/State and Zip code)

For further information concerning this matter, please call:

(Name of Person)

at (_____) _____
(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:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,
Certificate of Status &
Certified Copy |
|---|--|---|---|

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TALLAHASSEE, FLORIDA

**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. CCA of Tennessee, 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 3. 62-1806755
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 12/6/99 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or Perpetual)
6. 09/29/2000
(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. 10 Burton Hills Boulevard, Nashville, TN 37215
(Principal office address)

same
(Current mailing address)

- operation of correctional and detention facilities
8. _____
(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: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (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.

By: Mary R. Adams
(Registered agent's signature)

MARY R. ADAMS
ASSISTANT SECRETARY

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

SEE ATTACHMENT

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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TALLAHASSEE, FLORIDA

B. OFFICERS

President: John D. Ferguson

Address: 10 Burton Hills Boulevard

Nashville, TN 37215

Vice President: Michael J. Quinlan

Address: 10 Burton Hills Boulevard

Nashville, TN 37215

Secretary: Todd Mullenger

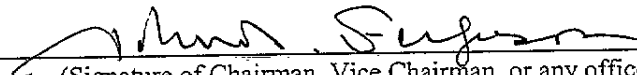
Address: 10 Burton Hills Boulevard, Nashville, TN 37215

Treasurer: Brent Turner

Address: 10 Burton Hills Boulevard, Nashville, TN 37215

SEE ATTACHMENT

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. John D. Ferguson, President
(Typed or printed name and capacity of person signing application)

Attachment to Florida
Application By Foreign Corporation for Authorization to Transact Business In Florida
Officers & Directors

- | | | |
|----|-------------------|----------------------|
| 1. | Full Name: | John D. Ferguson |
| | Officer/Director: | Officer |
| | Officer's Title: | CFO, CEO, President |
| 2. | Full Name: | Michael J. Quinlan |
| | Officer/Director: | Officer |
| | Officer's Title: | Executive VP |
| 3. | Full Name: | Todd Mullenger |
| | Officer/Director: | Officer, Director |
| | Officer's Title: | VP, Finance, Secreta |
| 4. | Full Name: | Brent Turner |
| | Officer/Director: | Officer, Director |
| | Officer's Title: | Treasurer |

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TALLAHASSEE, FLORIDA

The address of each of the above is:
10 Burton Hills Boulevard, Nashville, TN 37215

Secretary of State
Division of Business Services
312 Eighth Avenue North
6th Floor, William R. Snodgrass Tower
Nashville, Tennessee 37243

ISSUANCE DATE: 11/16/2000
REQUEST NUMBER: 00321508
TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 12/06/1999
STATUS: ACTIVE
CORPORATE EXPIRATION DATE: PERPETUAL
CONTROL NUMBER: 0380854
JURISDICTION: TENNESSEE

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TALLAHASSEE, FLORIDA

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TO:
CFS
8161 HWY 100
#172
NASHVILLE, TN 37221

REQUESTED BY:
CFS
8161 HWY 100
#172
NASHVILLE, TN 37221

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT
"CCA OF TENNESSEE, INC."

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF
INCORPORATION AND DURATION AS GIVEN ABOVE;
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE
EXISTENCE OF THE CORPORATION HAVE BEEN PAID;
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND
THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

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TALLAHASSEE, FLORIDA

FILED

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FOR: REQUEST FOR CERTIFICATE

ON DATE: 11/16/00

FROM:
CFS
8161 HIGHWAY 100
#172
NASHVILLE, TN 37221-0000

RECEIVED: FEES
\$760.00 \$0.00
TOTAL PAYMENT RECEIVED: \$760.00

RECEIPT NUMBER: 00002765477
ACCOUNT NUMBER: 00101230



Riley C Darnell

RILEY C. DARNELL
SECRETARY OF STATE