

FOI 000003850

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Carriage Healthcare Companies, 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:

Robert Siebel

(Name of Person)

Carriage Healthcare Companies, Inc.

(Firm/Company)

13185 W. Green Mountain Drive

(Address)

Lakewood, CO 80228-3512

(City/State and Zip code)

For further information concerning this matter, please call:

Robert Siebel at (303) 980-0611

(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

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

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TALLAHASSEE, FLORIDA

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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

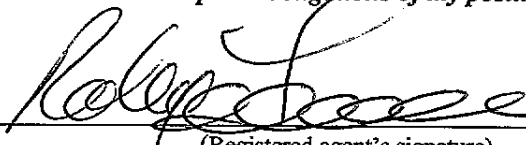
*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Carriage Healthcare Companies, 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. Colorado 3. 84-1593283
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 2/15/01 5. perpetual
(Date of incorporation) (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. 13185 W. Green Mountain Drive, Lakewood, CO 80228
(Principal office address)
13185 W. Green Mountain Drive, Lakewood, CO 80228
(Current mailing address)
8. Management of health care facilities, ie nursing homes & asst. living
(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: Robert J. Lancaster
Office Address: 360 Central Ave., 11th Floor
St. Petersburg, FL 33701, Florida
(City) (Zip code)

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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: Robert V. Siebel

Address: 13185 W. Green Mountain Drive
Lakewood, CO 80228

Vice Chairman: _____

Address: _____

Director: M. Elaine Siebel

Address: 14325 W. Center Drive
Lakewood, CO 80228

Director: _____

Address: _____

B. OFFICERS

President: Robert V. Siebel

Address: 13185 W. Green Mountain Drive
Lakewood, CO 80228

Vice President: _____

Address: _____

Secretary: M. Elaine Siebel

Address: 14325 W. Center Drive

Treasurer: Lakewood, CO 80228

Address: _____

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

13. M. Elaine Siebel
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. M. Elaine Siebel, Secretary
(Typed or printed name and capacity of person signing application)



STATE OF COLORADO

DEPARTMENT OF
STATE

CERTIFICATE

I, DONETTA DAVIDSON, SECRETARY OF STATE OF THE STATE OF
COLORADO HEREBY CERTIFY THAT

ACCORDING TO THE RECORDS OF THIS OFFICE

CARRIAGE HEALTHCARE COMPANIES, INC.
(COLORADO CORPORATION)

FILE # 20011033851 WAS FILED IN THIS OFFICE ON February 1, 2001
AND HAS COMPLIED WITH THE APPLICABLE PROVISIONS OF THE
LAWS OF THE STATE OF COLORADO AND ON THIS DATE IS IN GOOD
STANDING AND AUTHORIZED AND COMPETENT TO TRANSACT BUSINESS
OR TO CONDUCT ITS AFFAIRS WITHIN THIS STATE.

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TALLAHASSEE, FLORIDA

Dated: June 29, 2001

Donetta Davidson

SECRETARY OF STATE