

# F02000003784

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Angelicare, Inc.  
(Name of corporation - must include suffix)

Dear Sir or Madam:

700006588917-5  
-07/23/02-01043-003  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

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:

Micheal A. Smith, Esq.

(Name of Person)

(Firm/Company)

645 Griswold, Suite 717 Detroit, Michigan 48226

(Address)

(City/State and Zip code)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 JUL 03 AM 11:34

FILED

For further information concerning this matter, please call:

Micheal A. Smith

(Name of Person)

at ( 313 ) 963-5886

(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

F02-3784  
OK

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

**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. Angelicare, 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. Michigan 3. 38-3420703  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 4/23/1998 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. 1505 Woodward Ave., Detroit, Michigan 48226  
(Principal office address)
- (Current mailing address)
8. Daycare  
(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: CT Corporation System
- Office Address: 1200 South Pine Island Road  
Plantation, Florida 33324  
(City) (Zip code)

02 JUL 93 AM 11:34  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Terrie W. Henderson

Address: 1505 Woodward Avenue, Detroit, Michigan 48226

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: Terrie W. Henderson

Address: 1505 Woodward Avenue, Detroit, Michigan 48226

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: Terrie W. Henderson

Address: 1505 Woodward Avenue, Detroit, Michigan 48226

Treasurer: Terrie W. Henderson

Address: 1505 Woodward Avenue, Detroit, Michigan 48226

FILED  
02 JUL 03 PM 11:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

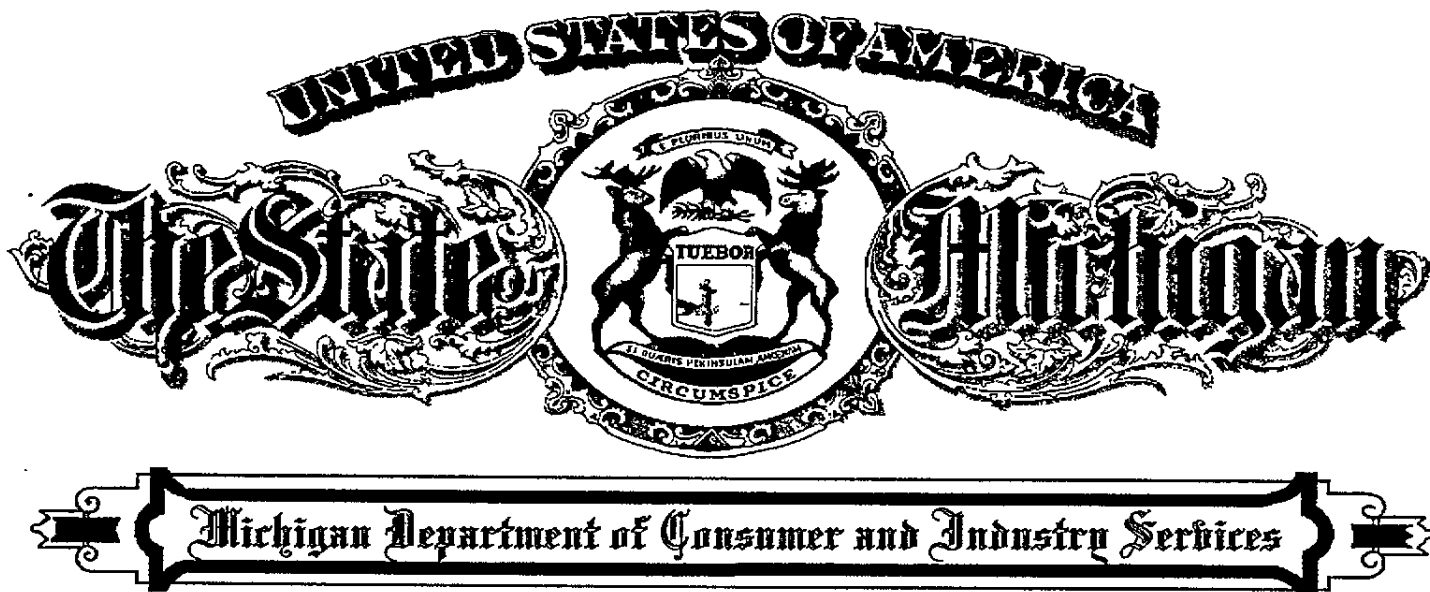
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.  \_\_\_\_\_

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

14. Terrie W. Henderson \_\_\_\_\_

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



Lansing, Michigan

*This is to Certify That*

**ANGELIC CARE, INC.**

*was validly incorporated on April 23, 1998, as a Michigan profit corporation, and said corporation is validly in existence under the laws of this state.*

*This certificate is issued to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business or conduct affairs in Michigan and for no other purpose.*

*This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.*

*In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 20th day of June, 2002*

*Andrew G. Mettelf* , Director

Bureau of Commercial Services