

F0200000 3796

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CARING HANDS I, 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:

Velma Jean or Arnel Belizaire
(Name of Person) 600006616076--7
-07/24/02--01012--002
CARING HANDS I, INC.
(Firm/Company) *****87.50 *****87.50
2361 18TH AVE. N.E.
(Address)
Naples, FL 34120
(City/State and Zip code)

For further information concerning this matter, please call:

Jean or Arnel Belizaire at (239) 3538704 EX-2
(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

02 JUL 24 AM 9:00
TALLAHASSEE, FL 32314
FILED

7/25
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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. CARING HANDS - I, 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-USA 3. 38-3277647
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 4/11/02 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. 2361 18th AVE N.E. Naples, FL 34120
(Principal office address)

2361 18th AVE N.E. Naples, FL 34120
(Current mailing address)

8. HEALTH CARE SERVICES AND NURSE AIDE TRAINING SCHOOL
(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: VELMA JEAN BELIZAIRE

Office Address: 2361 18th Ave N.E.

NAPLES, Florida 34120
(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.

V. Jean Belzaire
(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.

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02 JUL 24 AM 9:18
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: C.E.O. Arnel Belizaire
Address: 2361 18th AVE. N.E. Naples Fl. 34120

Vice Chairman: C.O.O. Velma Jean Belizaire B.S. R.N.
Address: 2361 18th AVE N.E. Naples Fl. 34120

Director: C.E.O. Gilbert Powell Jr.
Address: 2361 18th AVE N.E. Naples, Fl. 34120

Director: _____
Address: _____

B. OFFICERS SAME AS ABOVE

President: _____
Address: _____

Vice President: _____
Address: _____

Secretary: _____
Address: _____

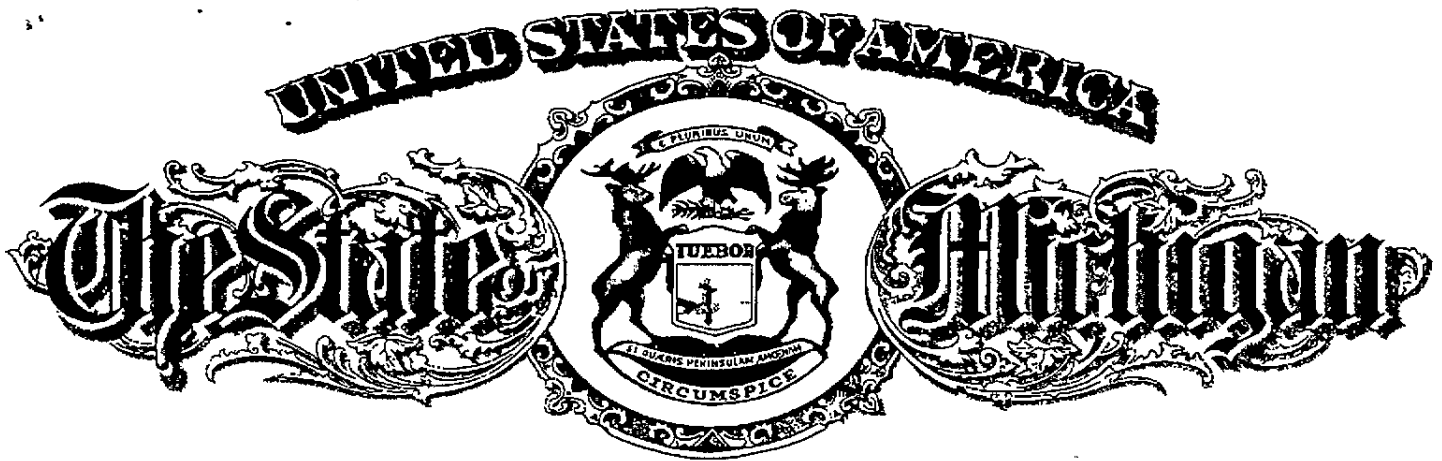
Treasurer: _____
Address: _____

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02 JUL 24 AM 9:09
TALLAHASSEE, FLORIDA

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

13. V. Jean Belizaire B.S. RN / C.O.O.
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. V. JEAN BELIZAIRE - VICE CHAIRMAN / C.O.O.
(Typed or printed name and capacity of person signing application)



Michigan Department of Consumer and Industry Services

Lansing, Michigan

This is to Certify That

CARING HANDS I, INC.

was validly incorporated on April 11, 2002, 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 10th day of May, 2002

Andrew S. Mettall , Director

Bureau of Commercial Services