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PICK-UP	MAIT	MAIL
B	usiness Entity Nan	ne)
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	<i>t</i> :
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2003 NOV -3 PM 2: 32
DIVINION OF CORPORATION

J. BRWAN NOV 6 2003

### TRANSMITTAL LETTER

TO:	Registration Se Division of Cor				
SUBJ	ECT:	K	ARA	VITA LLC	•
	·	(Name	e of corpora	VITA LLC tion - must include suffix)	
Dear S	ir or Madam:				
"Certif	closed "Applicat icate of Existence sact business in F	e", and check are	orporation f submitted t	or Authorization to Transa to register the above refere	oct Business in Florida", need foreign corporation
Please	return all corresp	ondence concern	ing this mat	ter to the following:	
_ B	EN WILL	IAMS			
			(Name	of Person)	是 5 不
K#	RA VI	TA, LLC	<u>.</u>		100
			(Firm/C	Company)	2550 b
75	58 SOU	THLAND	BLV D.	SUITE 105	· · · · · · · · · · · · · · · · · · ·
			(Ad	ldress)	OR S
	PRLANDO	D. FL.	3280	9	200
			(City/Stat	e and Zip code)	
For fur	ther information	concerning this m	atter, pleas	e call:	
BE	N WILL	r A m S	at ( 40	7 ) 888 - 90 2 a Code & Daytime Teleph	O
	(Name of Perso	on)	(Are	a Code & Daytime Teleph	one Number)
Registra Division 409 E. C	ET ADDRESS: ation Section in of Corporation Gaines St. ssee, FL 32399	S		MAILING ADDRES Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 3231	ons
Enclose	ed is a check for	the following amo	ount:	(	
□ \$70.	00 Filing Fee	□ \$78.75 Filing Certificate o		S78.75 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 K	ARA	VITA, LL	2				300	
(Name of corpo words or abbrev	ration; must in riations of like	clude the word "INCOR import in language as w f not so contained in the	PORAT	y indicate that it i	Y", "CORPORA s a corporation i	ATION" or nstead of a	ON TON ON	K/1 ( ) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
2 WY	OMINE	of which it is incorporat	3.	260	06771	7	745.00	, <i>y</i> ,
(State or country	under the law	of which it is incorporat	ed)	<del>(</del>	FEI number, if a	applicable)		100 ct. 3.
4. 07	103/0	ion)	5.	PERP	ETUAL		~~~~	00.10
(Dat	e of incorporat	ion)		(Duration: Yea	r corp. will ceas	e to exist or "perp	etuai")	Of the
6	ULY. 7	n Florida. If corporation		;				<u> 4</u>
(Date first transa	cted business i	n Florida. If corporation (SEE SECTIONS 6	n has no 507.150	t transacted busin 1, 607.1502 and 8	ess in Florida, in 17.155, F.S.)	sert "upon qualific	cation.")	•
7. 7558	SOUT	HLAND BLU (Principal o	'D.	50178 10	05 ORL	ANDO, FL	32809	
		(Principal o	ffice add	iress)			*	· zgá
		SAM	<u>ع</u>	iress)				
		(Current mai	ling add	iress)				" part
- ".HM 3	CALL CA	(DIRECT S	<u> </u>	OF SKILL	CARE PA	onueTs)		
8. (Purpose)	s) of corporati	on authorized in home st	ate or o	ountry to be carrie	ed out in state of	Florida)		*
9. Name and str	eet address	of Florida registered	agent:	(P.O. Box or M	fail Drop Box	NOT acceptable	<del>:</del> )	
Name:	BEN	WILLIAM	<b>S</b>	) (				
		SOUTHLAND		p. SuiTE 10	5	· · · · · · · · · · · · · · · · · · ·		<u>_</u>
		ORLANDO (City)				·		
		(City)		(v	(Zip code)	•	. *	. –
10. Registered	oent's accer	tance:						
Having been nat	ned as registi	ered agent and to acc	ept serv	vice of process f	or the above si	tated corporation	n at the place	? _
further agree to	comply with t	, I hereby accept the t the provisions of all s and accept the oblig	tatutes	relative to the p	roper and con	ıplete performat	nis capacity. nce of my	1
unies, and 1 um	jamaan waa	and accept the ootig		oj nij posmon u	- 1-0 <b>5</b>	,		
		!						
_		Ben Wa (Registered)	lli	ans		<del>,,</del>	en jaron en en en	-
-		(Registered	agent's 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: KARALYN R. Schuchert
Address: 1949 Sugarland Drive, No. 250
Sheridan. Wy. 82801
Vice Chairman:
Address:
Director: Address:
Select Control of the
Director:
Address:
B. OFFICERS
President:
Address: 3956 TOWN CENTER BLVD., # 130
ORLANDO, FL. 32837
Vice President: Deborah Duffey
Address: 2040 Calumet Street
Clearwater, FL. 33765
Secretary:
Address:
CFO Treasurer BEN WILLIAMS
Address: 5418 RUTLAND CT. ORLANDO FL. 32812
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13. Jennie Hallora
Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14. TENNIE HALLORAN, PRESIDENT.  (Typed or printed name and capacity of person signing application)

# **State of Wyoming**

Office of the Secretary of State



United States of America, State of Wyoming

ss.

I, JOSEPH B. MEYER, Secretary of State of the State of Wyoming, do hereby certify that KARA VITA, LLC, a limited liability company organized under the laws of the State of Wyoming, did on 07/03/2003, file its Articles of Organization in the Office of the Secretary of State of Wyoming, and is in good standing at the date of this certificate.

I FURTHER CERTIFY that this certificate is not to be construed as an endorsement, recommendation, or notice of approval of the limited liability company's financial condition or business activities and practices, as this information is not available from the records of this office.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Wyoming. Done at Cheyenne, the Capital, this 3rd day of September A.D., 2003.



Secretary of State

By Josh V lightwonger