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2004 AUG -2 P 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

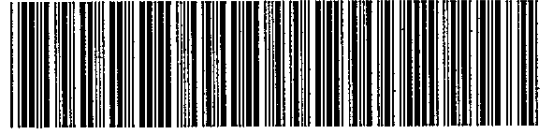
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TRANSMITTAL LETTER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO: Registration Section
Division of Corporations

SUBJECT: Teddy Bear Care, 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:

William J. Nielander

(Name of Person)

William J. Nielander, P.A.

(Firm/Company)

172 E. Interlake Blvd.

(Address)

Lake Placid, FL 33852

(City/State and Zip code)

For further information concerning this matter, please call:

Melissa

(Name of Person)

at (863) 465-8181

(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

**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.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Teddy Bear Care, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Teddy Bear Care & Spa, Inc.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

Delaware

2. _____
(State or country under the law of which it is incorporated)

51-0510157

3. _____
(FEI number, if applicable)

6/3/04

4. _____
(Date of incorporation)

Perpetual

5. _____
(Duration: Year corp. will cease to exist or "perpetual")

6. N/A

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. Undetermined

(Principal office address)

2408 Manor Drive, Sebring, Florida 33872

(Current mailing address)

8. To improve the quality of life aesthetically and to keep elderly people
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
independent as long as possible.

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Paula Jane Hess

Office Address: 2408 Manor Drive

Sebring, Florida

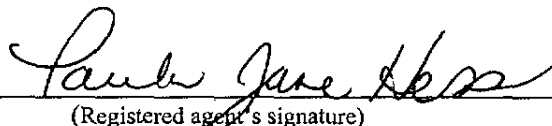
(City)

, Florida 33872

(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.



(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: Paula Jane Hess

Address:

Vice Chairman: Paula Jane Hess

Address:

Director: Paula Jane Hess

Address:

Director:

Address:

B. OFFICERS

President: Paula Jane Hess

Address:

Vice President: Paula Jane Hess

Address:

Secretary: Paula Jane Hess

Address:

Treasurer: Paula Jane Hess

Address:

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

13.

Paula Jane Hess

(Signature of Director or Officer listed in number 12 of the application)

14.

Paula Jane Hess, President

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

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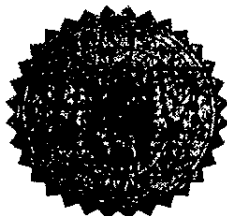
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TEDDY BEAR CARE, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF JUNE, A.D. 2004.



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Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 3151296

DATE: 06-03-04