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(Address)

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(City/State/Zip/Phone #)

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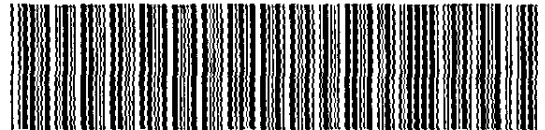
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06 MAR 27 PM 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 MAR -3 PM 1:46

DIVISION OF CORPORATIONS

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: FRONTLINE FOUNDATION FOR LONG TERM CARE, INC
(Name of Corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

CAROL A. TSCHOP
(Name of Person)

% INSTITUTE FOR CAREGIVER EDUCATION
(Firm/Company)

785 FIFTH AVENUE

SUITE 4
(Address)

CHAMBERSBURG, PA. 17201
(City/State and Zip Code)

For further information concerning this matter, please call:

SAME AS ABOVE at 717, 263-7766
(Name of Person) (Area Code & Daytime Telephone Number)

MAILING ADDRESS:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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 NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA**

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:

1. FRONTLINE FOUNDATION FOR LONG TERM CARE, INC

(Name of corporation: must include the word "INCORPORATED" or "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. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

2. PENNSYLVANIA

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

3. 31-1779620

(FEI number, if applicable)

4. 2001

(Date of Incorporation)

5. PERPETUAL

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

6. Upon Qualifications

(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 785 FIFTH AVE., SUITE 4, CHAMBERSBURG, PA. 17201

(Principal office address)

SAME AS ABOVE

(Current mailing address)

8. RAISE & DISTRIBUTE FUNDS TO BENEFIT ELDERLY IN NURSING HOM

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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

Name: TERESA A. MCCANN

Office Address: 2110 46TH AVE. WEST, #11

BRADENTON

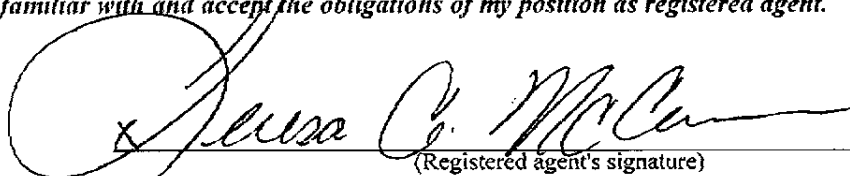
(City)

, Florida 34207

(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.

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FLORIDA

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

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A. DIRECTORS

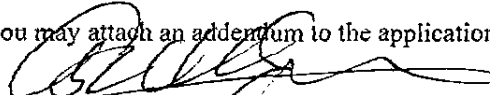
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Chairman: CAROL A. TSCHOP
Address: 785 FIFTH AVENUE, SUITE 4
CHAMBERSBURG, PA. 17201
Vice Chairman: JOYCE KAROLESKI
Address: 2417 VINA DEL MAR EAST
ST. PETERSBURG, FLA. 33706
Director: BROOKE MADONNA, ESQ.
Address: SPECTOR, GADON & ROSEN; 1635 MARKET ST.,
7th FLOOR, PHILADELPHIA, PA. 19103
Director: _____
Address: _____

B. OFFICERS

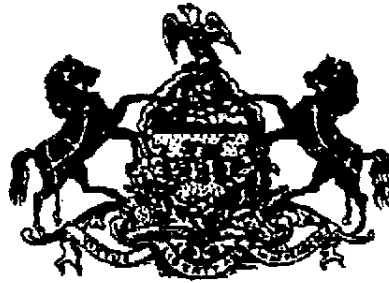
President: CAROL A. TSCHOP
Address: 785 FIFTH AVENUE, SUITE 4
CHAMBERSBURG, PA. 17201
Vice President: JOYCE KAROLESKI
Address: 2417 VINA DEL MAR EAST
ST. PETERSBURG, FLA. 33706
Secretary: BROOKE MADONNA, ESQ.
Address: SPECTOR, GADON & ROSEN; 1635 MARKET STREET;
7th FLOOR; PHILADELPHIA, PA. 19103
Treasurer: JOYCE KAROLESKI
Address: _____

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. CAROL A. TSCHOP, CHAIRMAN? PRESIDENT
(Typed or printed name and capacity of person signing application)

Commonwealth of Pennsylvania



***Department of State
Bureau of Charitable Organizations***

Certificate of Registration

No. 32571

This is to certify that FRONTLINE FOUNDATION FOR LONG TERM CARE INC is registered as a charitable organization with the Department of State's Bureau of Charitable Organizations under the Solicitation of Funds for Charitable Purposes Act, 10 P.S. Section 161.2 et seq., and is authorized to solicit charitable contributions under the conditions and limitations set forth under the Act.

This certificate is not to be used as identification, nor does it constitute an endorsement.

SECRETARY OF THE COMMONWEALTH

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

MARCH 21, 2006

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

FRONTLINE FOUNDATION FOR LONG TERM CARE, INC.

Is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Pedro A. Cortis

Secretary of the Commonwealth