

F06000007408

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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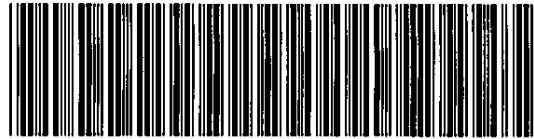
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

11/30
51167

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: TRISTAR HEALTHCARE, 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:

JOHN F. GILROY, III

(Name of Person)

JOHN F. GILROY, III, P. A.

(Firm/Company)

1435 East Piedmont Drive, Suite 102

(Address)

Tallahassee, FL 32308-7938

(City/State and Zip code)

For further information concerning this matter, please call:

ERIN LYDIA McLAUGHLIN at (850) 385-1368

(Name of Person)

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing 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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 29, 2006

JOHN F GILROY III
1435 EAST PIEDMONT DRIVE SUITE 102
TALLAHASSEE, FL 32308-7938

SUBJECT: TRISTAR HEALTHCARE, INC.
Ref. Number: W06000051806

We have received your document for TRISTAR HEALTHCARE, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

I certify from the records of this office that TRISTAR HEALTHCARE, INC., is a limited liability company organized under the laws of the State of Florida, filed on November 29, 2006.

The document number of this company is W06000051806.

I further certify that said company has paid all fees due this office through December 31, , that its most recent annual report was filed on , and its status is active.

**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. TRISTAR HEALTHCARE, INC.

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

BGR Acquisition, LLC

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

2. GEORGIA

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

3. 20-3701127

(FBI number, if applicable)

4. 11/16/2005

(Date of incorporation)

5. PERPETUAL

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

6.

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

7. 2820 A Lassiter Rd Suite 150, Marietta, GA 30062

(Principal office address)

2820 A Lassiter Rd Suite 150, Marietta, GA 30062

(Current mailing address)

8. Engage in any form of or type of business for any lawful purpose under the law

(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 NOT acceptable)

Name:

John F. Gilroy, III

Office Address:

1435 East Piedmont Drive, Suite 102

TALLAHASSEE,

(City)


Florida 32308

(Zip code)

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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: BARBARA L. RASMUSSEN

Address: 2820 A Lassiter Rd Suite 150, Marietta, GA 30062

Vice Chairman: _____

Address: _____

Director: GARY W. RASMUSSEN

Address: 2820 A Lassiter Rd Suite 150, Marietta, GA 30062

Director: JOHN W. DANT

Address: 2820 A Lassiter Rd Suite 150, Marietta, GA 30062

B. OFFICERS

President: BARBARA L. RASMUSSEN

Address: 2820 A Lassiter Rd Suite 150 Marietta, GA 30062

Vice President: JOHN W. DANT

Address: 2820 A Lassiter Rd Suite 150, Marietta, GA 30062

Secretary: GARY W. RASMUSSEN

Address: 2820 A Lassiter Rd Suite 150, Marietta, GA 30062

Treasurer: GARY W. RASMUSSEN

Address: 2820 A Lassiter Rd Suite 150, Marietta, GA 30062

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

13. Barbara L Rasmussen

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

14. BARBARA L. RASMUSSEN

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

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06 NOV 29 AM 9:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF GEORGIA

Secretary of State

Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Cathy Cox, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

TRISTAR HEALTHCARE, INC.

Domestic Profit Corporation

was formed or was authorized to transact business on 11/16/2005 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 29th day of November, 2006

Cathy Cox
Secretary of State