

F070000001253

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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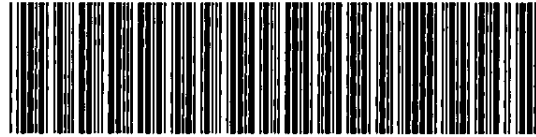
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/23/07--01013--003 **70.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02/23/07
T-Hampton

T. Hampton MAR - 6 2007

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Confidential 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:

Cheryn Kincaid

(Name of Person)

Confidential Care, Inc

(Firm/Company)

20733

Chestnut Street

(Address)

Dunnellon, FL 34431

(City/State and Zip code)

For further information concerning this matter, please call:

Cheryn Kincaid

(Name of Person)

at (352) 465-3336

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 23, 2007

CHERYN KINCAID
CONFIDENTIAL CARE, INC.
20733 CHESTNUT ST
DUNNELLON, FL 34431

SUBJECT: CONFIDENTIAL CARE, INC.
Ref. Number: W07000009477

RECEIVED
07 MAR - 6 PM 1:31
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for CONFIDENTIAL CARE, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Document Specialist

Letter Number: 607A00013498

*Certificate of Existence
good standing*

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

A Confidential Care, Inc

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

2. Colorado 3. 20-225-9739
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 02-01-05 5. Perpetual
(Date of incorporation) (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. 20733 Chestnut Street Dunnellon, FL 34431
(Principal office address)
- 20714 Chestnut Street Dunnellon, FL 34431
(Current mailing address)

8. Home for Persons with Disabilities
(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: Cheryn Kincaid

Office Address: 20733 Chestnut Street

Dunnellon, Florida 34431
(City) (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.

Cheryn Kincaid Cheryn Kincaid
(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: Cheryn Kincaid

Address: 20733 Chestnut Street
Dunnellon, FL 34431

Vice Chairman: Myrtice Powell

Address: 20714 Chestnut Street
Dunnellon, FL 34431

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Cheryn Kincaid

Address: 20733 Chestnut Street
Dunnellon, FL 34431

Vice President: Myrtice Powell

Address: 20714 Chestnut Street
Dunnellon, FL 34431

Secretary: Cheryn Kincaid

Address: 20733 Chestnut Street, Dunnellon FL 34431

Treasurer: Myrtice Powell

Address: 20714 Chestnut Street Dunnellon, FL 34431

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TALLAHASSEE, FLORIDA

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

13. Cheryn Kincaid Cheryn Kincaid
(Signature of Director or Officer listed in number 12 of the application)

14. Cheryn Kincaid Pres
(Typed or printed name and capacity of person signing application)

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE

I, Mike Coffman, as the Secretary of State of the State of Colorado, hereby certify that,
according to the records of this office,

Confidential Care, Inc

is a
Corporation

formed or registered on 02/01/2005 under the law of Colorado, has complied with all applicable
requirements of this office, and is in good standing with this office. This entity has been
assigned entity identification number 20051048992 .

This certificate reflects facts established or disclosed by documents delivered to this office on
paper through 02/27/2007 that have been posted, and by documents delivered to this office
electronically through 03/02/2007 @ 13:03:16 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed,
authenticated, issued, delivered and communicated this official certificate at Denver, Colorado
on 03/02/2007 @ 13:03:16 pursuant to and in accordance with applicable law. This certificate is
assigned Confirmation Number 6719918 .



Secretary of State of the State of Colorado

*****End of Certificate*****

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click Business Center and select "Frequently Asked Questions."