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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

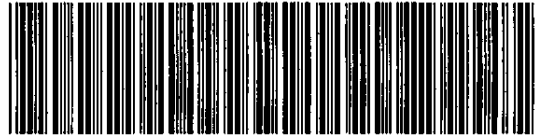
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

B McKnight NOV 20 2009

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KATHERINE CLAY MOSS, 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:

Cammie Warburton
(Name of Person)

Corporate Direct, Inc.
(Firm/Company)

2248 Meridian Blvd., Suite H
(Address)

Minden, NV 89423
(City/State and Zip code)

For further information concerning this matter, please call:

Cammie Warburton at (775) 284-7162
(Name of Person) (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.

1. KATHERINE CLAY MOSS, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")

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

2. Wyoming 3. 27-1234957
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. October 27, 20009 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. 60 East Simpson Avenue, Jackson, WY 83001
(Principal office address)

Post Office Box 2869, Jackson, WY 83001
(Current mailing address)

8. Companion care and home health agency
(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: Gerri Detweiler

Office Address: 1037 Greystone Lane

Sarasota, Florida 34 232
(City) (Zip code)

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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:

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TALLAHASSEE, FLORIDA

A. DIRECTORS

Chairman: Kay A. Blackmon-Oxley

Address: Post Office Bo x 2869
Jackson, WY 83001

Vice Chairman: _____

Address: _____

Director: Kay A. Blackmon-Oxley

Address: Post Office Box 2869
Jackson, WY 83001

Director: _____

Address: _____

B. OFFICERS

President: Kay A. Blackmon-Oxley

Address: Post Office Box 2869
Jackson, WY 83001

Vice President: _____

Address: _____

Secretary: Kay A. Blackmon-Oxley

Address: Post Office Box 2869, Jackson, WY 83001

Treasurer: Kay A. Blackman-Oxley

Address: Post Office Box 2869, Jackson, WY 83001

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

13. Kay A Blackmon-Oxley
(Signature of Director or Officer listed in number 12 of the application)

14. Kay A. Blackmon-Oxley, President

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

STATE OF WYOMING
Office of the Secretary of State

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Katherine Clay Moss, Inc.
is a
Profit Corporation

formed or qualified under the laws of Wyoming did on **October 27, 2009**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2009-000576078**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 17th day of November, 2009 at 10:06 AM. This certificate is assigned 006448429.



Max Maxfield
Secretary of State

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Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website <http://wyobiz.wy.gov> and following the instructions displayed under Validate Certificate.