

116-1701

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Samaritan Team, 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", or "Certificate of Good Standing" 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:

William F Harkins
Name of Person

Samaritan Team, Inc
Firm/Company

5 Hargrove Grade

Address

Palm Coast, FL 32137
City/State and Zip Code

mhenry@bachpharma.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William F Harkins at (386) 446-8100
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 11, 2010

WILLIAM F HARKINS
SAMARITAN TEAM, INC.
5 HARGROVE GRADE
PALM COAST, FL 32137

SUBJECT: SAMARITAN TEAM, INC.
Ref. Number: W10000001201

We have received your document for SAMARITAN TEAM, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Remove the f/k/a name from line #1 of your form. The date of incorporation on line 4 must match the date on the certificate of existence from your state. A certificate of Existence is needed giving the status of the corporation under the new name that was filed in your state.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap
Regulatory Specialist II

Letter Number: 210A00000798

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. Samaritan Team, 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. Georgia 3. 56-2632421
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 12/28/06 5. perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. January 2, 2010
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 5 Hargrove Grade
(Principal office address)
- Palm Coast, FL 32137
(Current mailing address)

8. Purpose of expanding the nonprofit activities as approved by the State of Georgia
(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: William F Harkins

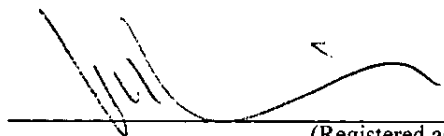
Office Address: 5 Hargrove Grade

Palm Coast, Florida 32137
(City) (Zip Code)

FILED
10 JAN 25 PM 1:57
SECRETARY OF STATE
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 addresses of officers and/or directors:

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10 JAN 25 PM 4:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. DIRECTORS

Chairman: William F Harkins

Address: 5 Hargrove Grade

Palm Coast, FL 32137

Vice Chairman: _____

Address: _____

Director: William F Harkins

Address: 5 Hargrove Grade

Palm Coast, FL 32137

Director: Thomas West

Address: 248 Brantley Drive

Saint Augustine, FL 32137

B. OFFICERS

President: William F Harkins

Address: 5 Hargrove Grade

Palm Coast, FL 32137

Vice President: _____

Address: _____

Secretary: William F Harkins

Address: 5 Hargrove Grade, Palm Coast, FL 32137

Treasurer: Thomas West

Address: 248 Brantley Drive, Saint Augustine, FL 32086

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. William F Harkins President/ Director
(Typed or printed name and capacity of person signing application)

Control No. 06109333

STATE OF GEORGIA

Secretary of State

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

CERTIFICATE OF EXISTENCE

FILED
10 JAN 25 PM 4:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Wesley B. Tailor, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

SAMARITAN TEAM, INC

Domestic Non-Profit Corporation

was formed or was authorized to transact business on 12/28/2006 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 21st day of January, 2010

Wesley B. Tailor

Wesley B. Tailor
Deputy Secretary of State