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(Requestor's Name)

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(City/State/Zip/Phone #)

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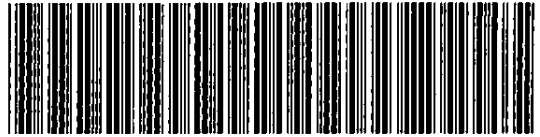
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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5/18/10

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Generations Health Partners, 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," or "Certificate of Good Standing" 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:

Jill Goodman

Name of Person

Generations Health Partners, Inc.

Firm/Company

109 Hogan Woods Circle

Address

Chapel Hill, NC 27516

City/State and Zip code

jill@generationsHP.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jill Goodman

Name of Person

at (919) 414-5643

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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**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. Generations Health Partners, 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. North Carolina 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 11/4/2005 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. 109 Hogan Woods Circle, Chapel Hill, NC 27516
(Principal office address)
- _____
(Current mailing address)
8. Healthcare consulting
(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: Terri Goodman
- Office Address: 11814 Fiore Lane
- Sarasota, Florida 34238
(City) (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.

Terri A. Goodman

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

A. DIRECTORS

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Chairman: Robert Goodman

Address: 100 Sands Point Rd #211

Longboat Key, FL 34228

Vice Chairman: Jill Goodman

Address: 109 Hogan Woods Circle

Chapel Hill, NC 27516

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Suzanne Goodman

Address: 100 Sands Point Rd #211

Longboat Key, FL 34228

Vice President: Jill Goodman

Address: 109 Hogan Woods Circle

109 Hogan Woods Circle

Secretary: Gary Dell

Address: 109 Hogan Woods Circle, Chapel Hill, NC 27516

Treasurer: _____

Address: _____

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

13. Jill Goodman

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

14. Jill Goodman

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



NORTH CAROLINA

Department of The Secretary of State

CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

GENERATIONS HEALTH PARTNERS, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 4th day of November, 2005, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

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DIVISION OF CORPORATIONS

IN WITNESS WHEREOF, I have hereunto set
my hand and affixed my official seal at the City
of Raleigh, this 7th day of May, 2010.

Elaine F. Marshall

Secretary of State

