

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

Prom:

Account Name : C T CORPORATION SYSTEM

Account Number : FCABOCOBO23 Phone : (850)222-1092 : (850) 878-5368 Fax Number

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Email Address:

FOREIGN PROFIT/NONPROFIT CORPORATION AH Hospice Foundation, Inc.

Certificate of Status	0
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Page Count	05
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Electronic Filing Menu

Corporate Filing Menu

3.13,22,177

Help



https://efile.sunbiz.org/scripts/efilcovr.exe

NPROST

5/11/2011

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 AFPAIRS IN THE STATE OF FLORIDA:

1.	-	VI Undies Louisemen Inc.							
•	(Name of corpo import in langua in the name at p	ration: must include age as will clearly in resent. "Company" o	the word "INCORPORAT dicate that it is a corporation w "Co." may not be used at	ED" or "CORPOR in instead of a nature a corporate suffix	ATION or words or abbrevi iral person or partnership if n c by a nonprofit corporation.)	ations of like of so contained			
7		Теплевное	4						
٠.	(State or cou	ntry under the law of	Which it is incorporated)	(F	El miniber, if applicable)				
		411 201	1						
٦,	· 	Data of Incorporation)	(Duration: Year	Perpetual r corp. will coase to exist or "	perpetual")			
б.	(Date first cond	uoted affairs in Florid	a if prior to registration. See	sections 617.1501	& 617.1502, F.S. to determine	penalty l(ability.)			
_ S0 North Laura Street, Jacksonville, FL 32202									
/-			(Principal o	office address)					
	50 North Laura Street, Jacksonville, FL 32202								
•	(Cuncil mailing address)								
			(04						
0	Charitable, scientific and educational								
٥,	(Purpose(s) of	corporation authorize	ed in home state or country	to be carried out i	in the state of Florida)				
9.	. Name and <u>str</u>	<u>set address</u> of Flori	da registered agent: (P.C), Box <u>NOT</u> acce	eptable)	≥£ ==			
						₹ 23			
	Name:	C T Corporation Sy	retenn.						
						SS -			
0	ffice Address:	1200 South Pine Isl	iand Koad			in			
		hat			75504	e e e e e e e e e e e e e e e e e e e			
		Plantation,	(City)	Florida	33324 (Zip Code)	호 원 ==			
			(04)		(Esp cour)	6 € -			
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									
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 capucity. 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.									
1 Chris Making air									
Chris McNegir									
By: Assistant Secretary									
By: Assistant Secretary									
١.	el hadonita	a certificate of evi	stence duly anthenticate	d and more than	90 days prior to delivery o	f this application to			
٠.	the Departn	nent of State, by th	e Secretary of State or o	ther official havi	ng custody of corporate rec	cords in the			
	jurisdiction under the law of which it is incorporated.								

PLATE - CARCLESCOP CT System Calles



11 MAY II AM II: I4

12. Names and addresses of officers and/or directors:	SECRETARY OF STATE		
A. DIRECTORS	HALLAHASSEE, FLORIDA		
Chairman; See attached.			
Address:			
Vice Chalman:			
Address:			
Director:			
Address:			
Director:			
Address:			
B. OFFICERS			
President: See attached.			
Address:			
Property Communication (Communication Communication Commun			
Vice President			
Address:			
Scoretary:			
Address:			
Treasurer:			
Address:			
NOTE: If necessary, you may attach an addendum to the application lis	sting additional officers and/or directors,		
13 M/ M/			
(Signature of Chairman, Vice Chairman, or any officer listed	l in number 12 of the application)		
14. Te + 1055 (Typed or printed name and capacity of person	signing application)		

FLOST - ORGE/SOOP C T Sychol Dullan

11 MAY I AM II: LL

SECRETARY OF STATE.
TALLAHASSEE, FLORIDA

Jeffrey J. Preuss, Director, President 3707 Richmond St.

Jacksonville, Florida 32205

(904) 262-7443 Phone:

2. Richard Fogle, Treasurer

Address:

Address: 335 St. Johns Forest

St. Johns, Florida 32259

Phone: (904) 493 6748

Catherine Radle, Executive Director, Secretary 3.

Address:

792 Scales Road

Suwanee, Georgia 30024

Phone:

1.

(770) 904-0745

4. Linda S. Rosengart, Director

Address: 18819 Island Drive

Hagerstown, Maryland 21742

Phone:

(301) 714-4951

5. Dr. Phyllis Grauer, Director

Address:

7661 Cook Road

Plain City, Ohio 43064

Phone:

(614) 306-0146



STATE OF TENNESSEE Tre Hargett, Secretary of State

Division of Business Services William R. Snodgrass Tower 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

WALLER LANSDEN DORTCH & DAVIS LLP

NASHVILLE CITY CENTER 511 UNION STREET, SUITE 2700 POST OFFICE BOX 198966 NASHVILLE, TN 37219-8966

Request Type: Certificate of Existence/Authorization

0036301

Issuance Date: 04/14/2011

Copies Requested:

Document Receipt

Receipt #: 449287

Filing Fee:

\$20.00

April 14, 2011

Payment-Check/MO - WALLER LANSDEN DORTCH & DAVIS LLP, NASHVILLE, TN

\$20,00

Regarding:

Request #:

AH Hospice Foundation, Inc.

Filing Type:

Corporation Non-Profit - Domestic

Formation/Qualification Date: 04/01/2011

Status:

Duration Term: Perpetual

Active

Centrol #:

654908

Date Formed:

04/01/2011

Formation Locale: Tennessee

Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

AH Hospice Foundation, Inc.

- * Is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business:
- * has appointed a registered agent and registered office in this State;

* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Processed By: Nichole Hambrick

Phone 615-741-6488 * Fax (615) 741-7310 * Website: http://tnbear.tn.gov/