

F120000003858

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800239473388

800239473388
09/19/12 01027--001 **70.00

12 SEP 19 AM 3:06

RECEIVED
SEP 19 2012

9/20

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: MWG Senior Healthcare, 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:

Carlton Hines
Name of Person

MWG
Firm/Company

PO Box 14067
Address

Jackson, MS 39236
City/State and Zip code

carlton.hines@morganwhite.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carlton Hines at (601) 9562028
Name of Person 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

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. MWG Senior Healthcare, 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. Mississippi 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 03/29/2006 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. 5722 I-55 N Frontage Road, Jackson, MS 39211
(Principal office address)

PO Box 14067, Jackson, MS 39236
(Current mailing address)

8. Insurance Sales
(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: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.

James M. Halpin
Assistant Secretary

James M. Halpin
(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 SEP 19 PM 3:06

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

A. DIRECTORS

Chairman: See attached

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: See attached

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. _____

[Signature]
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Richard L. Eaton - Secretary

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

10-27-19 PM 3:06
[Stamp]

**MWG Senior Healthcare,, INC.
OFFICERS/DIRECTORS**

David Reynolds White
President/Director
Business address: 5722 I-55 North Frontage Road
Jackson, MS 39211

John Jordan Morgan
Vice-President/Director
Business address: 5722 I-55 North Frontage Road
Jackson, MS 39211

Richard Lee Eaton
Secretary/Treasurer/Director
Business address: 5722 I-55 North Frontage Road
Jackson, MS 39211

Ryan Lee Eaton
Vice-President/Director
Business address: 5722 I-55 North Frontage Road
Jackson, MS 39211

Jason Adam Peets
Vice-President/Director
Business address: 5722 I-55 North Frontage Road
Jackson, MS 39211

James Kyle Douglas
Director
Business address: 5722 I-55 North Frontage Road
Jackson, MS 39211

12 SEP 19 PM 3:06

5722 I-55 North Frontage Road
Jackson, MS 39211

State of Mississippi
Office of the Secretary of State
C. Delbert Hosemann, Jr., Secretary of State
Jackson, Mississippi

CERTIFICATE

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the corporate records, required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on March 29, 2006, the State of Mississippi issued a Charter/Certificate of Authority to:

MWG SENIOR HEALTHCARE, INC.

That the state of incorporation is MISSISSIPPI.

That the period of duration is perpetual.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.



Given under my hand
and seal of office
September 11, 2012

C. Delbert Hosemann, Jr.

C. Delbert Hosemann, Jr.
Secretary of State

12 SEP 19 PM 3:06
RECORDED & INDEXED