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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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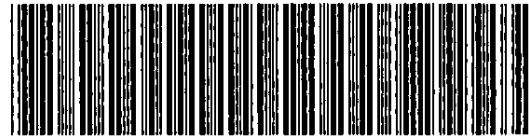
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: VAN DER VELDE ASSISTED LIVING CORP
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:

ANNE-MARIE VAN DER VELDE
Name of Person

VAN DER VELDE ASSISTED LIVING CORP
Firm/Company

440 VICTORIA TERRACE
Address

FT. LAUDERDALE, FL 33301
City/State and Zip code

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

For further information concerning this matter, please call:

Anne-Marie van der Velde at (239) 212-2373
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. VANDER VELDE ASSISTED LIVING CORPORATION
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

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

2. NEW HAMPSHIRE 3. 26-3016711
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 7/14/2008 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 5/1/13
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 440 VICTORIA TERRACE FT. LAUDERDALE, FL 33301
(Principal office address)

196 SILVERADO DRIVE NAPLES, FL 34119
(Current mailing address)

8. _____
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

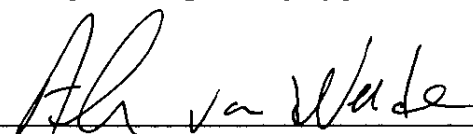
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: ANNE-MARIE VANDER VELDE

Office Address: 440 VICTORIA TERRACE
FT. LAUDERDALE, Florida 33301
(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.


(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

Chairman: Ann-Marie van der Velde

Address: 440 Victoria Terrace
Ft. Lauderdale, FL 33301

Vice Chairman: N.A.

Address: _____

Director: Ann-Marie van der Velde

Address: 440 Victoria Terrace
Ft. Lauderdale, FL 33301

Director: N.A.

Address: _____

B. OFFICERS

President: Ann-Marie van der Velde

Address: 440 Victoria Terrace
Ft. Lauderdale, FL 33301

Vice President: N.A.

Address: _____

Secretary: Patricia M. van der Velde

Address: 1701 Gulfstar Drive South # 101 Naples, FL 34112

Treasurer: N.A.

Address: _____

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

13. Ann-Marie van der Velde

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. ANNE-MARIE VAN DER VELDE, Director/President

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

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State of New Hampshire

Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that Van Der Velde Assisted Living, Corp. is a New Hampshire corporation duly incorporated under the laws of the State of New Hampshire on July 14, 2008. I further certify that all fees and annual reports required by the Secretary of State's office have been received and that articles of dissolution have not been filed.



In TESTIMONY WHEREOF, I hereto
set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 15th day of April, A.D. 2013

A handwritten signature in black ink, appearing to read "William M. Gardner".

William M. Gardner
Secretary of State

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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