

F13000003592

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

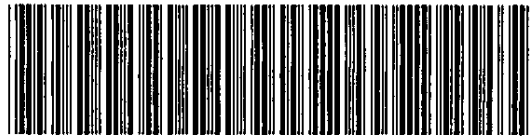
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

cmd 8/22



To Whom It May Concern:

Please process the enclosed filing(s). **Please return confirmation documents, if applicable, to:**

Sarah Sneath
Adventist Health System
900 Hope Way
Altamonte Springs, FL 32714

Tel: 407-357-2333
Email: sarah.sneath@ahss.org

Do not hesitate to contact me if you should have questions.

Many thanks for your assistance.

A handwritten signature in cursive script that reads "Sarah".

Sarah Sneath
Legal Department
Adventist Health System

Extending the Healing Ministry of Christ

900 Hope Way | Altamonte Springs, Florida 32714 | 407-357-1000

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Mission Strategies of Georgia, 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 Status" 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:

Sarah Sneath

Name of Person

Adventist Health System

Firm/Company

900 Hope Way

Address

Altamonte Springs, FL 32714

City/State and Zip Code

sarah.sneath@ahss.org

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

For further information concerning this matter, please call:

Sarah Sneath

Name of Person

at (407) 357-2333

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:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,
Certificate of Status &
Certified Copy |
|---|--|--|---|

**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. **Mission Strategies of Georgia, 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**

(State or country under the law of which it is incorporated)

3. **90-0866024**

(FEI number, if applicable)

4. **11/14/2011**

(Date of Incorporation)

5. **Perpetual**

(Duration: Year corp. will cease to exist or "perpetual")

6. **Effective upon registration**

(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine personal liability.)

7. **1035 Red Bud Road, Calhoun, Georgia 30701**

(Principal office address)

Michelle Givens, 602 Courtland St., Suite 200, Orlando, FL 32804

(Current mailing address)

8. **Acquisition of nursing homes for Nursing Home Division of Adventist Health System Sunbelt Healthcare Corp.**

(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: **Michelle Givens, President**

Office Address: **602 Courtland St., Suite 200**

Orlando

(City)

Florida 32804

(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.

Michelle Givens

(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 addresses of officers and/or directors

A. DIRECTORS

Chairman: Robert Henderschedt

Address: 900 Hope Way
Altamonte Springs, FL 32714

Vice Chairman: N/A

Address: _____

Director: Roger Anderson

Address: 380 S. SR 434
Altamonte Springs, FL 32714

Director: Paul Rathbun

Address: 900 Hope Way
Altamonte Springs, FL 32714

B. OFFICERS

President: Michelle Givens

Address: 602 Courtland Street, Suite 200
Orlando, FL 32804

Vice President: N/A

Address: _____

Secretary: Assist. Sec.: Ariel De Prada

Address: 900 Hope Way, Altamonte Springs, FL 32714

Treasurer: N/A

Address: TO SEE COMPLETE LIST OF DIRECTORS AND OFFICERS PLEASE SE ATTACHMENT

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

13. Michelle Givens

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Michelle R. Givens, President

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

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MISSION STRATEGIES OF GEORGIA, INC.

Board Members and Officers

*****BOARD MEMBERS*****

1. Roger Anderson
380 S. SR 434 #1004-151
Altamonte Springs, FL 32714
2. Thomas Evans
12501 Old Columbia Pike
Silver Spring, MD 20904
3. Michelle Givens
602 Courtland Street, Suite 200
Orlando, FL 32804
4. Robert R. Henderschedt
900 Hope Way
Altamonte Springs, FL 32714
5. Raymond Andrew McDonald
2800 N Orlando Avenue
Orlando, Florida 32804
6. Paul C. Rathbun
900 Hope Way
Altamonte Springs, FL 32714

*****OFFICERS*****

- | | |
|---|---|
| 1. Lynn C. Addiscott, Asst. Secretary
900 Hope Way
Altamonte Springs, FL 32714 | 7. Kent Johnson, Assist. Secretary
602 Courtland Street - #200
Orlando, FL 32804 |
| 2. Mark Block, Asst. Secretary
900 Hope Way
Altamonte Springs, FL 32714 | 8. David L. Rodman, Asst. Secretary
602 Courtland Street, Suite 200
Orlando, FL 32804 |
| 3. Elina Brown, Assist. Secretary
602 Courtland Street, #200
Orlando, FL 32804 | 9. Michael Saunders, Asst. Secretary
900 Hope Way
Altamonte Springs, FL 32714 |
| 4. Ariel De Prada, Asst. Secretary
900 Hope Way
Altamonte Springs, FL 32714 | 10. Terry D. Shaw, Asst. Secretary
900 Hope Way
Altamonte Springs, FL 32714 |
| 5. Michelle Givens, President
602 Courtland Street, Suite 200
Orlando, FL 32804 | 11. David Singleton, Assist. Secretary
900 Hope Way
Altamonte Springs, FL 32714 |
| 6. Robert R. Henderschedt, Chairman
900 Hope Way
Altamonte Springs, FL 32714 | |

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TALLAHASSEE, FLORIDA

STATE OF GEORGIA

Secretary of State
Corporations Division
313 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CONTROL NUMBER : 11086703
DATE INC/AUTH/FILED : November 14, 2011
JURISDICTION : Georgia
PRINT DATE : 8/13/2013 9:44:52 AM

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ALLAHASSEE, FLORIDA

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

MISSION STRATEGIES OF GEORGIA, INC.
A Domestic Corporation

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. 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.



B. P. Kemp

Brian P. Kemp
Secretary of State