

F13000003640

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

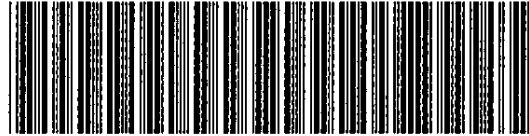
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200250075742

08/21/13--01030--005 **800.00

07/29/13--01058--001 **78.75

13 AUG 21 AM 7:28

SECRETARY OF STATE
DIVISION OF CORPORATIONS

8/1

[Handwritten signature]

W13-43102



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 1, 2013

BRIAN ADAMS
110 MARTER AVE SUITE 309
MOORESTOWN, NJ 08057

SUBJECT: CAREKINESIS, INC.
Ref. Number: W13000043102

We have received your document for CAREKINESIS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$800.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason
Regulatory Specialist II

Letter Number: 713A00018561

RECEIVED
13 AUG 15 AM 9:50

**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. CAREKINESIS, 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. DELAWARE

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

3. 264642609

(FEI number, if applicable)

4. 04/07/2009

(Date of incorporation)

5. PERPETUAL

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

6. 08/01/2011

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

7. 110 MARTER AVE., SUITE 309, MOORESTOWN, NJ 08057

(Principal office address)

110 MARTER AVE., SUITE 309, MOORESTOWN, NJ 08057

(Current mailing address)

8. OUT-OF-STATE PHARMACY

(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: **NRAI SERVICES, INC.**

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.

By: Lanita Raney
(Registered agent's signature)

Lanita Raney, Assistant Secretary

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.

13 AUG 21 AM 7:28
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

A. DIRECTORS

Chairman: CALVIN H. KNOWLTON

Address: 110 MARTER AVE., SUITE 309, MOORESTOWN, NJ 08057

Vice Chairman: _____

Address: _____

Director: ORSULA KNOWLTON (PRESIDENT)

Address: 110 MARTER AVE., SUITE 309, MOORESTOWN, NJ 08057

Director: _____

Address: _____

B. OFFICERS

President: ORSULA KNOWLTON

Address: 110 MARTER AVE., SUITE 309, MOORESTOWN, NJ 08057

Vice President: _____

Address: _____

Secretary: BRIAN ADAMS

Address: 110 MARTER AVE., SUITE 309, MOORESTOWN, NJ 08057

Treasurer: _____

Address: _____

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

13. 

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. BRIAN ADAMS, V.P. OF FINANCE / SECRETARY

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

RECEIVED
DIVISION OF CORPORATIONS
13 AUG 21 AM 7:28

Delaware

PAGE 1

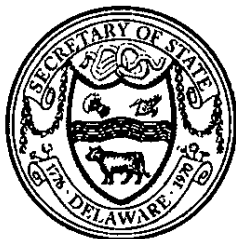
The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CAREKINESIS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF JULY, A.D. 2013.

13 AUG 21 AM 7:28
SECRETARY OF STATE
DIVISION OF CORPORATIONS

4674249 8300

130891898



You may verify this certificate online
at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 0597871

DATE: 07-18-13