

Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

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13 SEP 25 AM 10:50  
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TALLAHASSEE, FLORIDA

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FOREIGN PROFIT/NONPROFIT CORPORATION  
CARE IV, INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

RECEIVED  
13 SEP 25 PM 4:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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*MD 9/26*



COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Care IV, 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:

Judy Sinele  
Name of Person  
Care IV, Inc.  
Firm/Company  
1023 Rushing Circle  
Address  
Little Rock, AR 72204  
City/State and Zip code  
jsinele@careiv.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Judy Sinele at (501) 686-2473  
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.**

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1. Care IV 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. Illinois 3. 36-3958553  
(State or country under the law of which it is incorporated) (FBI number, if applicable)

4. 6-1-1994 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 1-1-2013  
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1023 Rushing Circle, Little Rock AR 72204  
(Principal office address)

Same as above  
(Current mailing address)

8. Executive advisor for Home Health business  
(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.*

CT Corporation System  
By: Katherine Lackey Katherine Lackey, Asst. Sec.  
(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: Ralph Friedmann III  
Address: 28083 Castellano Way  
Naples, FL 34110

Vice Chairman: \_\_\_\_\_  
Address: \_\_\_\_\_

Director: Steven Hammond  
Address: 20 Saye St.  
Vilonia, AR 72173

Director: \_\_\_\_\_  
Address: \_\_\_\_\_

B. OFFICERS

President: Ralph Friedmann III  
Address: 28083 Castellano Way  
Naples, FL 34110

Vice President: Steven Hammond  
Address: 20 Saye St.  
Vilonia, AR 72173

Secretary: Judy Sinele  
Address: 19 Lariat Ct. LR, AR 72211

Treasurer: \_\_\_\_\_  
Address: \_\_\_\_\_

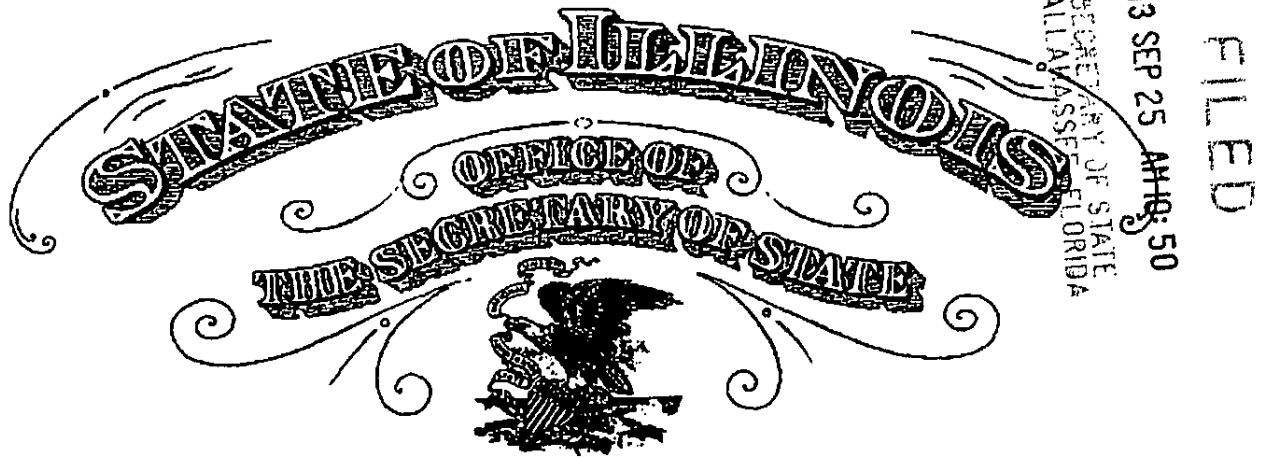
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Judy Sinele 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. Judy Sinele, Secretary  
(Typed or printed name and capacity of person signing application)

File Number 5783-937-6



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

CARE IV, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JUNE 01, 1994, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 25TH day of SEPTEMBER A.D. 2013 .

Jesse White

SECRETARY OF STATE

Authentication #: 1326802190

Authenticate at: <http://www.cyberdriveillinois.com>