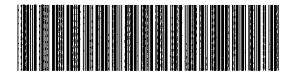
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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies		
Special Instructions to	Filing Officer:	
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W13000036938



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13 OCT 17 PM 2: 02

to 10/25/13

COVER LETTER

	ion of Co	orporations			
SUBJECT:_	Re	tirement Home TV Name of Corporati	Corporation on - must include suffix		_
Dear Sir or Ma	adam:				•
Affairs in Flor	rida", "Ce	tion by Foreign Not for Profestificate of Existence", or "Cenced not for profit corporat	Certificate of Status" and ch	neck are submitted	its I to
Please return a	all corres	condence concerning this ma	atter to the following:		
		Kurt Schlabac	ch	Monarca -	
		Retirement Home T	V Corporation		
		- 11110	····		 .
		`			- - S
	11	2020 Lima Rd	Ste B		SICH T
	F	ort Whyne / City/State a	N 46818		PH 2: 02
		City/State a	nd Zip Code		2: AXX
	En	brooke@ retireme	nthome tv. com	ation)	ORPORATIONS PM 2: 02
	L-11	ian address; (to be used for i	idiare annuar report nourier		
For further info	ormation	concerning this matter, plea	se call:		
_ Broo	Name o	Jailed at (260, 47/-32 Area Code & Daytime Te	174 elephone Number	
MAILING ADDRESS:STREET/CONew Filing SectionNew Filing SectionDivision of CorporationsDivision of Co			ESS;		
	ox 6327 assee, FL	. 32314	Clifton Buildi	ing ve Center Circle	
Enclosed is a c	heck for	the following amount:			
□ \$70.00 Filir	ng Fee	□\$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy	\$87.50 Filin	of Status &



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 26, 2013

KURT SCHLABACH 10020 LIMA ROAD SUITE B FORT WAYNE, IN 46818

SUBJECT: RETIREMENTHOMETY CORPORATION

Ref. Number: W13000036938

We have received your document for RETIREMENTHOMETV CORPORATION and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

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 \$1,100.00.

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

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 113A00016048

13 OCT 17 PH 2: 02

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.

(If name unavail	able in Florida, enter alternate corporate na	me adopted for the purpose of transacting business in	n Florida)	_
INDIANA	•	80-0251880		
(State or country under the law of which it is incorporated)		(FEI number, if applicable)		
09/04/2008		PERPETUAL		
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")		
		ss in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability)		
10020 LIMA RE	STE B, FORT WAYNE IN 46818			_
	(Principal office	address) .		
10020 LIMA RE	STE B, FORT WAYNE IN 46818			
	(Current mailing	address)		50
SATELLITE TO	ELEVISION SYSTEMS AND PROGRA	MMING	13 (. C
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)		- 6	Ē	
Name and stree	et address of Florida registered agent.	P.O. Box NOT acceptable)	17	- Y
Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable) Corporation Service Company		PH	27	
Name:			2.2	
Office Address:	1201 Hays Street		02	
	Tallahassee	Florida 32301		3
	(City)	(Zip code)		

Corporation Service Company

Carol Dolor, Assistant VP By:

(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. Names and business addresses of officers and/or directors: SECKETARY OF STATE OIVISION OF CORPORATIONS A. DIRECTORS KURT SCHLABACH 13 OCT 17 PH 2: 02 Chairman: 10020 LIMA RD, STE B Address: FORT WAYNE, IN 46818 Vice Chairman: Address: ___ Director: _ Director: ___ **B. OFFICERS** President: KURT SCHLABACH 10020 LIMA RD, STE B Address: FORT WAYNE, IN 46818 Vice President: Address: _ Secretary: Address: __ Treasurer: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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

14. KURT SCHLABACH, PRESIDENT

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

a third degree felony as provided for in s.817.155, F.S.

STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

SECRETARY OF STATE
DIVISION OF CORPORATIONS

13 OCT 17 PM 2: 02

To Whom These Presents Come, Greetings:

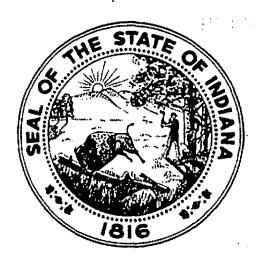
I. Connie Lawson, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

RETIREMENTHOMETY CORPORATION

duly filed the requisite documents to commence business activities under the laws of State of Indiana on September 04, 2008, and was in existence or authorized to transact business in the State of Indiana on May 02, 2013.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Second Day of May, 2013.

Corrie Lawson

Connie Lawson, Secretary of State

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