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TO: Page 1 2/24/2014 2:27:43 PM EST 1325328300 From: Emma Richardson Page 1 of 1

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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

From:
Account Name : LEGALZOOM.COM INC.
Account Number : I20010000062
Phone : (323) 962-8600
Fax Number : (323) 962-3889

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

Email Address: _____

**FOREIGNPROFIT/NONPROFITCORPORATION
CAREGIVERS STORY, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	07
Estimated Charge	\$78.75

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Corporate Filing Menu

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14 FEB 25 AM 7:30
TALLAHASSEE, FLORIDA

1/4

COVER LETTER

TO: New Filing Section
Division of Corporations
CAREGIVERS STORY, INC.
SUBJECT: _____

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:

Imelda Vasquez

Name of Person

Legalzoom.com, Inc.

Firm/Company

101 N Brand

Address

Glendale, CA 91203

City/State and Zip Code

brentcarolyn@yahoo.com

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

For further information concerning this matter, please call:

Imelda Vasquez

323

962-8600

Name of Person

at ()

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:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☒ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & _____

**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:*

CAREGIVERS STORY, INC.

1. California
(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. 8/11/2011
(State or country under the law of which it is incorporated)
3. 45-3126301
(FBI number, if applicable)
4. Perpetual
(Date of Incorporation)
5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. 1047 West 64th St, Los Angeles, CA 90044
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 1047 West 64th St, Los Angeles, CA 90044
(Principal office address)

(Current mailing address)

A caregiving organization that help people with the legal, financial, and emotional aspects for

8. (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: United States Corporation Agents, Inc.

Office Address: 13302 Winding Oak Court Suite A

Tampa

(City)

Florida

(Zip Code)

33612

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.

Cheyenne Moseley, Assistant Secretary on behalf
of United States Corporation Agents, Inc.

(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: Jackie Ruka
1746 E. Silver Star Rd, Suite 162, Ocoee, Florida 34761
Address:

Vice Chairman: Moshe Lewis
1746 E. Silver Star Rd, Suite 162, Ocoee, Florida 34761
Address:

Director: Rita Stuckey
1746 E. Silver Star Rd, Suite 162, Ocoee, Florida 34761
Address:

Director: James C. Moore Jr.
1746 E. Silver Star Rd, Suite 162, Ocoee, Florida 34761
Address:

B. OFFICERS

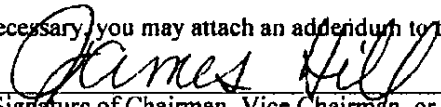
President: James H. Hill
1746 E. Silver Star Rd, Suite 162, Ocoee, Florida 34761
Address:

Vice President:
Address:

Secretary: Carolyn Brent
1746 E. Silver Star Rd, Suite 162, Ocoee, Florida 34761
Address:

Treasurer: Carolyn Brent
1746 E. Silver Star Rd, Suite 162, Ocoee, Florida 34761
Address:

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

13.  02-18-2014
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. James H. Hill, President
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
DIVISION OF CORPORATION

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State of California
Secretary of State
CERTIFICATE OF STATUS

ENTITY NAME:

CAREGIVERS STORY, INC.

FILE NUMBER: C3404453
FORMATION DATE: 08/11/2011
TYPE: DOMESTIC NONPROFIT CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to
exercise all of its powers, rights and privileges in the State of
California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of February 14, 2014.

Debra Bowen

DEBRA BOWEN
Secretary of State