

Division of Corporations Page 1 of 1

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

****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

Able Care Connect of Tampa, Inc.

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

B 6/19/14

Electronic Filing Menu

Corporate Filing Menu

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RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RECEIVED

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Able Care Connect of Tampa, 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:

Susan Reiter

Name of Person

The Goodman Group

Firm/Company

1107 Hazeltine Boulevard, Ste 200

Address

Chaska, MN 55318

City/State and Zip code

licensing@thegoodmangroup.com

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

For further information concerning this matter, please call:

Susan Reiter

Name of Person

at (612) 618-1682

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.*

1. Able Care Connect of Tampa, 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. Minnesota

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

3. 47-1020606

(FEI number, if applicable)

4. 05/30/2014

(Date of incorporation)

5. perpetual

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

6. date of filing

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

7. 400 Lake Avenue NE, Largo, FL 33771

(Principal office address)

1107 Hazeltine Boulevard, Ste 200, Chaska, MN 55318; Attn: Legal

(Current mailing address)

8. 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, FL

(City)

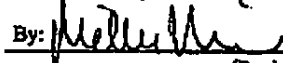
Florida 33324

(Zip code)

9. 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.

NRAI Services, Inc.

By: 

Michele Miller

Assistant Secretary

(Registered agent's signature)

10. 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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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

A. DIRECTORS

Sole Director John B. Goodman

Address: 1107 Hazeltine Boulevard, Ste 200, Chaska, MN 55318

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: John B. Goodman

Address: 1107 Hazeltine Boulevard, Ste 200, Chaska, MN 55318

Vice President: _____

Address: _____

Secretary: Denise A. Olson

Address: 1107 Hazeltine Boulevard, Ste 200, Chaska, MN 55318

Treasurer: Ronald F. Nutting

Address: 1107 Hazeltine Boulevard, Ste 200, Chaska, MN 55318

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

12. _____

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.

13. John B. Goodman, President

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

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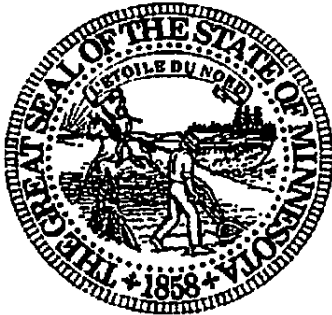
DIVISION OF GENERAL INVESTIGATION

**Office of the Minnesota Secretary of State
Certificate of Good Standing**

I, Mark Ritchie, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:	Able Care Connect of Tampa, Inc.
Date Filed:	05/30/2014
File Number:	763525800062
Minnesota Statutes, Chapter:	302A
Home Jurisdiction:	Minnesota

This certificate has been issued on: 06/17/2014



Mark Ritchie
Mark Ritchie
Secretary of State
State of Minnesota