

F15000001421

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

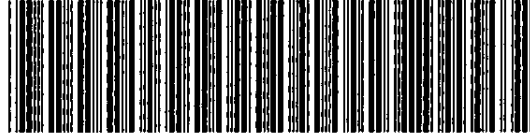
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/09/15--01020--012 **70.00

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15 APR -2 AM 11:31
SEE ME 301 31/4E
FALL HARBOR, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Cultural Care, 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:

Michelle Page
Name of Person
Cultural Care, Inc.
Firm/Company
8 Education Street
Address
Cambridge MA 02141
City/State and Zip code
Michelle.Page@culturalcare.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michelle Page at (617) 619-1000
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.

1. Cultural Care Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Massachusetts

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

3. 20-2020345

(FBI number, if applicable)

4. December 1, 2004

(Date of incorporation)

5. perpetual

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

6. January 1, 2015

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

7. Eight Education St. Cambridge, MA 02141

(Principal office address)

Eight Education St. Cambridge, MA 02141

(Current mailing address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(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.

C T Corporation System

By: Keneith Tees - VP

(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.

15 APR - 2 AM 11:11
ALL AMESSEE FLORIDA

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

A. DIRECTORS

Chairman: n/a

Address: _____

Vice Chairman: n/a

Address: _____

Director: Goran Rannefors

Address: 8 Education St. Cambridge, MA 02141

Director: Jens Appelkvist

Address: 8 Education St. Cambridge, MA 02141

B. OFFICERS

President: Goran Rannefors

Address: 8 Education St. Cambridge, MA 02141

Vice President: n/a

Address: _____

Secretary: Goran Rannefors

Address: 8 Education St. Cambridge, MA 02141

Treasurer: Jens Appelkvist

Address: 8 Education St. Cambridge, MA 02141

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

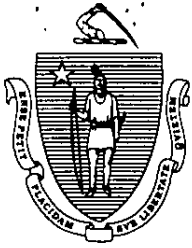
12. _____

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. Goran Rannefors

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



William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

February 17, 2015

TO WHOM IT MAY CONCERN:

I hereby certify that

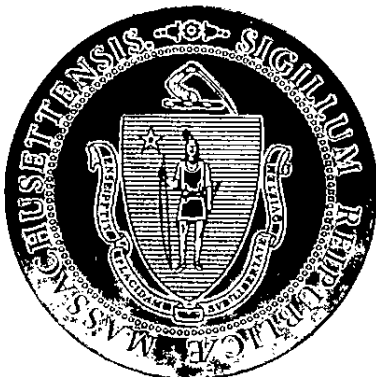
CULTURAL CARE ACQUISITION, INC.

appears by the records of this office to have been incorporated under the General Laws of this Commonwealth on **December 1, 2004**.

I also certify that by Articles of Amendment filed here **December 28, 2004**, the name of said corporation was changed to

CULTURAL CARE, INC.

I also certify that so far as appears of record here, said corporation still has legal existence.



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin

Secretary of the Commonwealth



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 12, 2015

MICHELLE PAGE
8 EDUCATION STREET
CAMBRIDGE, MA 02141

SUBJECT: CULTURAL CARE, INC.
Ref. Number: W15000017719

We have received your document for CULTURAL CARE, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of 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.

Christine Haney
Regulatory Specialist II
New Filing Section

Letter Number: 415A00005062

RECEIVED
15 APR -2 PM 12:15
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
15 APR -2 AM 11:31
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA