

F1500 000 3070

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

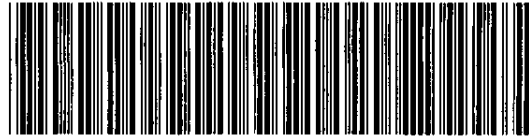
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500274977625

07/14/15--01015--022 \*\*87.50

JUL 15 2015  
J SHIVERS

FILED  
15 JUL 14 PM 2:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Care Right, 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:

Atty. Dawn L. Drellos-Thompson  
Name of Person

Care Right, Inc.  
Firm/Company

P.O. Box 408  
Address

Estero, FL. 33928  
City/State and Zip code

Dawn@carerightinc.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

D. Drellos-Thompson at (239) 227-4117  
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. Care Right, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

~~Care Right, Inc.~~ Florida Care Right, Inc.  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Wisconsin 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. Oct. 20, 2014 5. perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 27499 Riverview Center Blvd., Suite 113, Bonita Springs  
(Principal office address) FL 34134  
P.O. Box 408, Estero, FL 33928  
(Current mailing address)

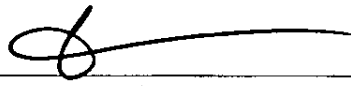
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Dawn L. Drellos-Thompson

Office Address: 27499 Riverview Center Blvd., Suite 113  
Bonita Springs, Florida 34134  
(City) (Zip code)

15 JUL 14 PM 2:40  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.*



(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.

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

A. DIRECTORS

Chairman: Annelee Kruger

Address: P.O. Box 1450

Brookfield, WI 53008

Vice Chairman: Michael Sullivan

Address: P.O. Box 1450

Brookfield, WI 53008

Director: Dawn L. Drella-Thompson

Address: P.O. Box 408

Estero, FL 33928

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

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

B. OFFICERS

President: Annelee Kruger

Address: P.O. Box 1450

Brookfield, WI 53008

Vice President: currently vacant

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

Secretary: Andrea Davis

Address: (P.O. Box 1450, Brookfield, WI 53008)

Treasurer: same

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

FILED  
15 JUL 14 PM 2:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

12. 

Signature of Director or Officer

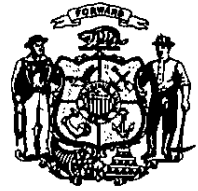
The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Dawn L. Drella-Thompson, Atty-in-Fact, Director

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

DOM NEW.  
180 181 185  
2011

United States of America  
State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Present Shall Come, Greeting:

I, GEORGE PETAK, Administrator, Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

CARE RIGHT, INC.

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is October 20, 2014.

I further certify that said corporation or limited liability company has not yet completed its initial report year and, accordingly, has not yet filed an annual report under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats.; and that said corporation or limited liability company has not filed articles of dissolution.

15 JUL 14 2:40 PM  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on June 23, 2015.



*George Petak*

GEORGE PETAK, Administrator  
Division of Corporate and Consumer Services  
Department of Financial Institutions

BY: *P Weber*