

FL500005543

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

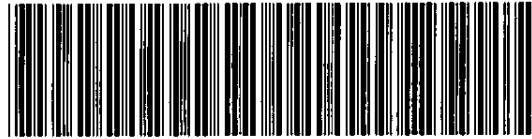
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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DEPARTMENT OF STATE
15 DEC 15 PM 4:27

FILED
2015 DEC 15 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FL Gulligan DEC 16 2015

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 913134 82866A
AUTHORIZATION : *Spudde man*
COST LIMIT : \$ 70.00

ORDER DATE : December 15, 2015
ORDER TIME : 3:34 PM
ORDER NO. : 913134-005
CUSTOMER NO: 82866A

FOREIGN FILINGS

NAME: TENDER LOVING CARE
MANAGEMENT, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tender Loving Care Management, 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:

Justin P. Callaham

Name of Person

Clark, Campbell, Lancaster & Munson, P.A.

Firm/Company

500 South Florida Avenue, Suite 800,

Address

Lakeland, Florida 33801

City/State and Zip code

jcallaham@clarkcampbell-law.com

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

For further information concerning this matter, please call:

Justin P. Callaham

863

647-5337

at ()

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration 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.*

Tender Loving Care Management, Inc.

1. _____
(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. _____ 3. _____
Indiana 35-1765894
(State or country under the law of which it is incorporated) (FEI number, if applicable)
04/11/1989
4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

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

- 1800 N. Wabash Ave., Suite 300, Marion, Indiana 46592
7. _____
(Principal office address)

(Current mailing address, if different)

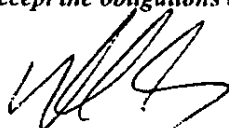
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Ronald L. Clark

Office Address: 500 South Florida Avenue, Suite 800
Lakeland, Florida 33801
(City) (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.



(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.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 DEC 15 AM 9:40

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

A. DIRECTORS

Chairman: Gary L. Ott
1800 North Wabash Avenue, Marion, IN 46952
Address: _____

Cullen Gibson
Vice Chairman: _____
1800 North Wabash Avenue, Marion, IN 46952
Address: _____

Dwight A. Ott
Director: _____
1800 North Wabash Avenue, Marion, IN 46952
Address: _____

Ryan Ott
Director: _____
1800 North Wabash Avenue, Marion, IN 46952
Address: _____

B. OFFICERS

President: Gary L. Ott
1800 North Wabash Avenue, Marion, IN 46952
Address: _____

Cullen Gibson
Vice President: _____
1800 North Wabash Avenue, Marion, IN 46952
Address: _____

Dwight A. Ott
Secretary: _____
1800 North Wabash Avenue, Marion, IN 46952
Address: _____

Dwight A. Ott
Treasurer: _____
1800 North Wabash Avenue, Marion, IN 46952
Address: _____

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

12. [Signature]
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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. Dwight A. Ott, as Secretary of Tender Loving Care Management, Inc.
(Typed or printed name and capacity of person signing application)

2015 DEC 15 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

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

TENDER LOVING CARE MANAGEMENT, INC.

duly filed the requisite documents to commence business activities under the laws of State of Indiana on April 11, 1989, and was in existence or authorized to transact business in the State of Indiana on December 15, 2015.

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 Fifteenth Day of December, 2015.

Connie Lawson

Connie Lawson, Secretary of State

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