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04/25/16--01011--004 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 JUL 19 P 12:43

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JUL 20 2016
D. BRUCE

167
647



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 27, 2016

JENNIFER NICOLETTI
1110 SATELLITE BLVD NW SUITE 306
SUWANEE, GA 30024

SUBJECT: CASE MANAGEMENT SOLUTIONS, INC
Ref. Number: W16000031038

We have received your document for CASE MANAGEMENT SOLUTIONS, INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6051.

Justin M Shivers
Regulatory Specialist III
Registration/Qualification Section

Letter Number: 816A00008676

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2016 JUN 19 PM 12:44
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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CASE MANAGEMENT SOLUTIONS

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:

Jennifer Nicoletti

Name of Person

Case Management Solutions

Firm/Company

1110 Satellite Blvd NW, Suite 306

Address

Suwanee, GA 30024

City/State and Zip code

jnicoletti@casemgtsol.com

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

For further information concerning this matter, please call:

Jennifer Nicoletti

at (770) 840-1164 xt 102

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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.*

Case Management Solutions, Inc.

1. _____
(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. Georgia 3. 58-2096832
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/14/1997 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. March 2016
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1110 Satellite Blvd NW, Suite 306 Suwanee GA 30024
(Principal office address)

(Current mailing address, if different)

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

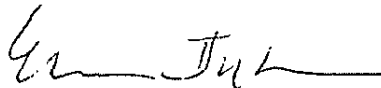
Name: Ellen Jordan

Office Address: 8140 NW 51st
FT Lauderdale, Florida 33351
(City) (Zip code)

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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: Jennifer Nicoletti

Address: 6195 Masters Club Dr Suwanee GA 30024

Vice Chairman:

Address:

Director: David Nicoletti

Address: 6195 Masters Club Dr Suwanee GA 30024

Director: Harold Brooks

Address: 7840 Georgetown Circle Suwanee GA 30024

B. OFFICERS

President: Jennifer Nicoletti

Address: 6195 Masters Club Dr Suwanee GA 30024

Vice President: Christine Carpenter

Address: 3416 W 144th St Overland Park, KS 66224

Secretary:

Address:

Treasurer:

Address:

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

12. J. Nicoletti
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. Jennifer Nicoletti

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

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2016 JUL 19 P 12:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

CASE MANAGEMENT SOLUTIONS, INC.

a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number	: 13234978
Date Inc/Auth/Filed	: 10/14/1997
Jurisdiction	: Georgia
Print Date	: 07/20/2016
Form Number	: 211



B. P. Kemp

Brian P. Kemp
Secretary of State