

9/22/2016

Division of Corporations

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 tax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000235547 3)))



H160002355473ABCO

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.
Account Number : I20010000062
Phone : (323)962-8600
Fax Number : (323)962-3889

****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
PEPPERMINT PALM SENIOR CARE, INC.**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 05 |
| Estimated Charge | \$78.75 |

SEP 28 2016

S. YOUNG

Electronic Filing Menu

Corporate Filing Menu

Help

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PEPPERMINT PALM SENIOR 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," 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:

Cheyenne Moseley

(Name of Person)

Legalzoom.com, Inc.

(Firm/Company)

101 N. Brand Blvd 11th Floor

(Address)

Glendale, CA 91210

(City/State and Zip code)

16 SEP 27 AM 10:01
CLERK OF STATE
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Cheyenne Moseley

(Name of Person)

at (323) 962-8600x9724

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

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.*

PEPPERMINT PALM SENIOR CARE, 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)

CALIFORNIA

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
07/15/2014
4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
08/15/2016

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

7. 10017 Federalist Lane, Sacramento, CA 95827
(Principal office address)

(Current mailing address, if different)

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

Name: Alfear Wright

Office Address: 9800 SE 163rd lane
Summerfield, Florida 34491
(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.

** Alfear Wright*

Alfear Wright

(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.

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 16 SEP 27 AM 10:02

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Alfear Nelson Wright

Address: 10017 Federalist Lane, Sacramento, CA 95827

Director: Lasonya Robertson

Address: 10017 Federalist Lane, Sacramento, CA 95827

B. OFFICERS

President: Alfear Nelson Wright

Address: 10017 Federalist Lane, Sacramento, CA 95827

Vice President: _____

Address: _____

Secretary: Richard Wheeler

Address: 1050 S. Hutchins STE 283, Lodi, CA 95240

Treasurer: Alfear Nelson Wright

Address: 10017 Federalist Lane, Sacramento, CA 95827

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

X 12.  _____
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. Alfear Nelson Wright _____

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

FILED
STATE
CLERK
15 SEP 27 AM 10:02
TALLAHASSEE, FL 32304

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

PEPPERMINT PALM SENIOR CARE, INC.

FILE NUMBER: C3693897
FORMATION DATE: 07/15/2014
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

16 SEP 27 AM 10:02
SECRETARY OF STATE
CALIFORNIA

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of September 13, 2016.

ALEX PADILLA
Secretary of State