

# F16000004947

(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:

re-cert  
cert W1600007427

Office Use Only



800291761558

10/31/16--01041--006 \*\*70.00

FILED  
16 NOV -3 AM 8:30  
DIVISION OF CORPORATIONS

O SIMMONS

NOV 04 2016



---

## FAX TRANSMISSION

SMALL BUSINESS COUNSEL

214 SOUTH PARK AVENUE, SUITE B

WINTER PARK, FLORIDA 32789

TELEPHONE (407) 621-4200

FACSIMILE (407) 621-4210

---

TO:	Division of Corporations ATTN: Ms. Simmons	FAX:	850-245-6030
FROM:	Melanie Johnston	FAX:	407-621-4210
		TEL:	407-621-4200
PAGES:	6	(INCLUDING COVERSHEET)	
DATE:	November 3, 2016		
RE:	Care Development Group, Inc.		

Dear Ms. Simmons:

Please find the attached Certificate of Good Standing from the State of Colorado. Please contact me if anything else is needed.

Thank you,

SMALL BUSINESS COUNSEL

Melanie Johnston

RECEIVED  
2016 NOV -3 PM 12:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

---

SMALL BUSINESS COUNSEL

214 S. PARK AVE., 2ND FLOOR WINTER PARK, FLORIDA 32789

SBCOUNSEL.COM (407) 621-4200

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Care Development Group, 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:

Philip K. Calandrino

Name of Person

Small Business Counsel

Firm/Company

P.O. Box 530

Address

Winter Park, FL 32790

City/State and Zip code

nt@nt-co.com

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

For further information concerning this matter, please call:

Philip K. Calandrino

407 621-4200  
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.

1. Care Development Group, 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. Florida 3. 46-4178464  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/15/2013 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)

7. 520 N. Orlando Avenue, #56, Winter Park, FL 32789  
(Principal office address)


\_\_\_\_\_  
(Current mailing address, if different)

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

Name: Neil Treitman  
Office Address: 520 N. Orlando Avenue, # 56  
Winter Park, Florida 32789  
(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.

DIVISION OF CORPORATIONS

16 NOV -3 AM 8:30

FILED

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

**A. DIRECTORS**

Chairman: Neil Treitman

Address: 520 N. Orlando Avenue, #56

Winter Park, FL 32789

Vice Chairman: \_\_\_\_\_

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

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

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

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

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

FILED  
16 NOV -3 AM 8:30  
DIVISION OF CORPORATIONS

**B. OFFICERS**

President: \_\_\_\_\_

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

Vice President: \_\_\_\_\_

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

Secretary: \_\_\_\_\_

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

Treasurer: \_\_\_\_\_

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

**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 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. Neil Treitman, Director

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

OFFICE OF THE SECRETARY OF STATE  
OF THE STATE OF COLORADO

**CERTIFICATE OF FACT OF GOOD STANDING**

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Care Development Group, Inc.

is a

Corporation

formed or registered on 11/15/2013 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20131656295.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 11/01/2016 that have been posted, and by documents delivered to this office electronically through 11/03/2016 @ 09:47:57.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 11/03/2016 @ 09:47:57 in accordance with applicable law. This certificate is assigned Confirmation Number 9911876.



Secretary of State of the State of Colorado

\*\*\*\*\*End of Certificate\*\*\*\*\*  
*Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."*