# F1600004986

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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## COVER LETTER

TO: Registration Section Division of Corporations	i			
AccessCare Genera SUBJECT:	l, Inc.			
SCHOLET.	Name of corporation	on - must i	nclude suffix	
Dear Sir or Madam:				
The enclosed "Application by Fo "Certificate of Existence," or "C above referenced foreign corpora	ertificate of Good St	anding" aı	nd check are sub	
Please return all correspondence	concerning this mat	ter to the f	ollowing:	
Jason Robbins				
	Name o	of Person		
First Consulting & Administration,	Inc.			
929 Walnut, Suite 300	Firm/Co	ompany		
	Ado	iress		
Kansas City, MO 64106				
	City/State	and Zip c	ode	
john.rosenbaum@accesscaregenera				
E-mai	l address: (to be use	d for futur	e annual report r	otification)
For further information concerni	ng this matter, please	e call:		
Jason Robbins	816 at (	886-	3275	
Name of Person	Area Co	ode	Daytime Telepl	none 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 follow	wing amount:			
	.75 Filing Fee & tificate of Status		Filing Fee & led 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.

AccessCare Gen	eral, Inc.		
	orporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION	٧,"
	ible in Florida, enter alternate corporate name		ng business in Florida)
Illinois 	3.	45-2795364	
July 19, 2011	y under the law of which it is incorporated)	(FEI number, if ap	
(Date	of incorporation) 5.	(Date of duration, if other	than perpetual)
Proposed date 10	0/1/16 if approved		
960 Rand Road #	(Date first transacted business i (SEE SECTIONS 607.1501 & 607.1	502, F.S., to determine penalty liabil	ity)
		pal office address)	
	(Current maili	ing address, if different)	
Name:	NRAI Services, Inc.  1200 South Pine Island Road	O. Box <u>NOT</u> acceptable)	FILED:  16 NOV -4 PM 3:  SLOKE AND OF STA
Office Address:	Plantation	33324 , Florida	F1.08
	(City)	(Zip code)	温型 2
Having been nam lesignated in this urther agree to c	ent's acceptance: ed as registered agent and to accept serve application, I hereby accept the appoint omply with the provisions of all statutes familiar with and accept the obligations of the obligations	tment as registered agent and ag relative to the proper and compl of my position as registered agen	ree to act in this capacity. lete performance of my
-			
	(Kegistered	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: See attached a	affidavit and chart of Directors of AccessCare General, Inc.	
Address:		
Vice Chairman:		
Audiess.		
<del></del>		
Director:		
Address:	· · · · · · · · · · · · · · · · · · ·	
Director:		
		## <b>#</b>
B. OFFICERS		(2) <b>上</b> 円
See attached a	ffidavit and chart of Officers of AcceessCare General, Inc.	होंने कि स्वा
President:		<u> </u>
Address:		28
		<b>→</b>
Vice President:		
Secretary:		
Address:		
Treasurer:		
Address:		<u> </u>
NOTE: If necessary	an man attach an addendum to the application listing additional of	officers and/or directors.
12		
The officer or directors	Signature of Director or Officer Signing this document (and who is listed in number 11 above) aff	irms that the facts stated herein
are true and that he or s	he is aware that false information submitted in a document to the	
John Rosenhaum	provided for in s.817.155, F.S.	
13. John Rosenbaum	(Typed or printed name and capacity of person signing applicati	ion)
	/ 21 L R and and and a barnon or Same abbreau	· - · · <i>,</i>

#### **Affidavit Regarding Officers and Directors**

I, John Rosenbaum, Corporate Secretary of AccessCare General, Inc. (Applicant), hereby certify that effective July 14, 2016, the Officers and Director of AccessCare General, Inc. are:

M	٩п	ag	ers
475	-	-	

Tony Layne

Cassi Layne

Larry Spitcaufsky

Officers

Title

Tony Layne

Chief Executive Officer **Chief Operating Officer** 

Cassi Layne Scott Frigon

President

John Rosenbaum

Chief Financial Officer/Treasurer/Secretary

(notary public signature)

John Rosenbaum Corporate Secretary

Sworn before me and subscribed in my presence, 5 of 1, 2016

(date notarized)

**NOTARY SEAL** 

Roxenne K. Teeman, Notary Public

#### File Number

6799-487-6



### To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

ACCESSCARE GENERAL, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JULY 19, 2011, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 2ND day of NOVEMBER A.D. 2016 .

Authentication #: 1630701968 verifiable until 11/02/2017
Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE