

F17000001628

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

fees \$650.00 W17-22834

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03/13/17--01031--003 **70.00

04/12/17--01004--004 **850.00

26/1 APR 10 P 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

S Warren

APR 11 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 16, 2017

ANTHONY GILLETTE
7509 NW TIFFANY SPRINGS PARKWAY, SUITE 3
KANSAS CITY, MO 64153

SUBJECT: CARAVAN HEALTH CORPORATION
Ref. Number: W17000022834

We have received your document for CARAVAN HEALTH CORPORATION and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$650.00.

Please return 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.

Stacey M Warren
Regulatory Specialist II

Letter Number: 017A00005103

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Caravan Health Corporation
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:

Anthony Gillette
Name of Person

Caravan Health
Firm/Company

7509 NW Tiffany Springs Parkway, Suite 310
Address

Kansas City, MO 64153
City/State and Zip code

legal@caravanhealth.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anthony Gillette at (916) 542-4683
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

Please return one file stamped copy in the provided envelope. Thanks.

**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. Caravan Health Corporation

(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. California 3. 46-2589065
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 04/16/2013 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. 09/01/2016
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 7509 NW Tiffany Springs Parkway, Suite 310, Kansas City, MO 64153
(Principal office address)

(Current mailing address, if different)

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(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.

Camille Asst. Sec.
(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.

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2017 SEP 10 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Lynn Barr

Address: 46 Shattuck Square, Suite 21
Berkeley, CA 94704

Vice Chairman: _____

Address: _____

Director: Steve Barnett

Address: 7509 NW Tiffany Springs Parkway, Suite 310
Kansas City, MO 64153

Director: Tim Putnam

Address: 7509 NW Tiffany Springs Parkway, Suite 310
Kansas City, MO 64153

B. OFFICERS

President: Lynn Barr

Address: 46 Shattuck Square, Suite 21
Berkeley, CA 94704

Vice President: _____

Address: _____

Secretary: Anthony Gillette

Address: 7509 NW Tiffany Springs Parkway, Suite 310, Kansas City, MO 64153

Treasurer: Ryan Feldman

Address: 7509 NW Tiffany Springs Parkway, Suite 310, Kansas City, MO 64153

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. Anthony Gillette, Secretary

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

FILED
2011/01/10 P 3:26
CLERK OF STATE
TAMMIES H. FLORIDA

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

CARAVAN HEALTH

FILE NUMBER: C3560647
FORMATION DATE: 04/16/2013
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

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 February 06, 2017.

A handwritten signature in black ink, appearing to read "Alex Padilla".

ALEX PADILLA
Secretary of State