

F17000003617

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

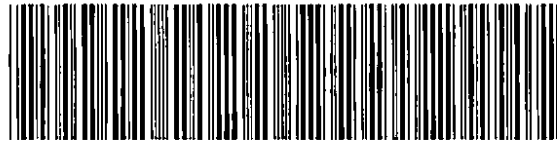
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



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08/11/17--01001--005 **70.00

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2017 AUG 10 AM 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 AUG 10 PM 3:13

K. SALY
AUG 11 2017

CORPORATE ACCESS, INC.

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WALK IN

PICK UP: 8/10

CERTIFIED COPY _____

PHOTOCOPY _____

CUS _____

FILING Foreign / INC.

CARR HEALTHCARE REALTY, INC.
(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CARR HEALTHCARE REALTY, 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:

BNH

Name of Person

REGISTERED AGENT SOLUTIONS, INC.

Firm/Company

1701 DIRECTORS BLVD., SUITE 300

Address

AUSTIN, TX 78744

City/State and Zip code

COREY.GRAY@CARRHR.COM

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

For further information concerning this matter, please call:

BRITTANY HOKE

888

705-7274

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

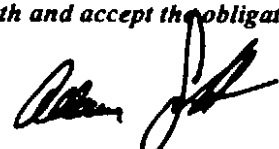
IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. CARR HEALTHCARE REALTY, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- CARR HEALTHCARE REALTY (FLORIDA), INC.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. COLORADO 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 12/20/2016 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. 10465 PARK MEADOWS DRIVE, SUITE 205, LONE TREE, CO 80124
(Principal office address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: REGISTERED AGENT SOLUTIONS, INC.
- Office Address: 155 OFFICE PLAZA DRIVE, SUITE A
TALLAHASSEE, Florida 32301
(City) (Zip code)

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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.

 Adam Saldaña, Ast. 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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11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: COLIN CARR

Address: 10465 PARK MEADOWS DRIVE, SUITE 205
LONE TREE, CO 80124

Vice Chairman:

Address:

Director: COLIN CARR

Address: 10465 PARK MEADOWS DRIVE, SUITE 205
LONE TREE, CO 80124

Director:

Address:

B. OFFICERS

CEO/ President: COLIN CARR

Address: 10465 PARK MEADOWS DRIVE, SUITE 205
LONE TREE, CO 80124

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. _____

CC

7/31/17

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. COLIN CARR - CEO/PRESIDENT

(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,

Carr Healthcare Realty, Inc.

is a

Corporation

formed or registered on 12/20/2016 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 20161852791 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 08/07/2017 that have been posted, and by documents delivered to this office electronically through 08/09/2017 @ 11:59:41 .

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 08/09/2017 @ 11:59:41 in accordance with applicable law. This certificate is assigned Confirmation Number 10385087 .



Secretary of State of the State of Colorado

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FALL RIVER, FLORIDA

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*****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/CertificateSearch/Certoma.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."