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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

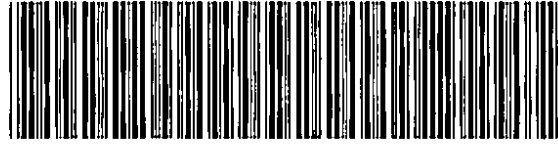
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
18 OCT 19 PM 5:00  
TALLAHASSEE, FLORIDA

K: SALY

OCT 25 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Truecare Enterprise Inc.  
Name of Corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Elizabeth L. Smith  
Name of Person

\_\_\_\_\_  
Firm/Company

P.O. Box 990372  
Address

Naples Florida  
City/State and Zip Code

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

For further information concerning this matter, please call:

Elizabeth Smith at (678) 517-7775  
Name of Person Area Code Daytime Telephone Number

MAILING ADDRESS:  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

STREET/COURIER ADDRESS:  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

10/19

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO  
CONDUCT ITS AFFAIRS IN FLORIDA**

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN  
THE STATE OF FLORIDA:

1. True Care Enterprise Incorporated

(Name of corporation must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

True Care

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. North Carolina

(State or country under the law of which it is incorporated)

3. \_\_\_\_\_

(FEI number, if applicable)

4. 26<sup>th</sup> May 2009.

(Date of incorporation)

5. \_\_\_\_\_

(Date of duration, if other than perpetual)

6. \_\_\_\_\_

(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine penalty liability.)

7. 1280 Henley Street - #1606 Naples Florida 34105.

(Principal office address)

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

8. Patient Education, Assist with training of Healthcare workers

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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

Name: Elizabeth Smith

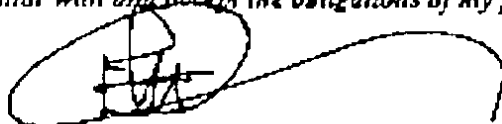
Office Address: 1280 Henley Street  
Naples Florida 34105

(City)

(Zip Code)

10. 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)

11. 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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TALLAHASSEE, FLORIDA  
STATE DEPARTMENT OF REVENUE

12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: Kim Davis.

Address: North Carolina.

Vice Chairman: Dennis Brown

Address: 2613 Newton's Crest Snellville Ga 30078

Director: Dr. Osake

Address: Haystackville North Carolina.

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

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

B. OFFICERS

President: Elizabeth Smith.

Address: 35 Savannah Circle Covington Ga 30016

Vice President: Dr. Theresa Clarke

Address: 1280 Herley Street Naples Fl. 34105

Secretary: Rhagana Smith.

Address: 35 Savannah Circle Covington GA 30016

Treasurer: Wellington Miller.

Address: Covington GA 30016.

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

13. [Signature]  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Elizabeth Smith. President.

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

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TALLAHASSEE, FLORIDA



# NORTH CAROLINA

## Department of the Secretary of State

### CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

### TRUECARE ENTERPRISE

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 26th day of May, 2009, with its period of duration being Perpetual.

I FURTHER certify that the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Nonprofit Corporation Act; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

18 OCT 19 PM 5:02  
TALLAHASSEE, FLORIDA

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 4th day of October, 2018.

*Elaine F. Marshall*

Secretary of State



Scan to verify online.

