FREG03134

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAII	-
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

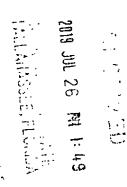
Office Use Only



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COVER LETTER

Registration Section Division of Corporations

Enclosed is a check for the following amount:

\$78.75 Filing Fee & Certificate of Status

\$70.00 Filing Fee

TO:

Name of corporation -	must include suffix	
Dear Sir or Madam:		
The englosed "Application by Foreign Companyion for A.	ada da	
The enclosed "Application by Foreign Corporation for Au "Certificate of Existence," or "Certificate of Good Standi	Junorization to Transact Business in Flori	da."
above referenced foreign corporation to transact business	in Florida.	iic
Discourse Discourse to the second		
Please return all correspondence concerning this matter to	the following:	
Beverly Dance	7. 2	
Name of Per	rson CC 9	
CARING LIFE SERVICES INC.		T
CARING LIFE SERVICES, INC.	TAR: 26	
Firm/Compa	· <u> </u>	اراتا ا
648 N. 52 5t	07 PK	
Address	TAI ORI	
Philadelphia la 19131	ing Io	
City/State and	Zin code	
Range (Dagin) (Co. C		
F-mail address: (to be used for	future annual report notification)	
E man address. (to be used for	ruture annual report notification)	
for further information concerning this matter, please call	:	
	·	
Beverly Dance a (267)	798-5969 (mbdle) 215-30	5-XX
Name of Person Area Code	798-5969 (mobile) 215-30 Daytime Telephone Number	1176C1
	·	(0,,
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations Clifton Building	Division of Corporations	
2661 Executive Center Circle	P.O. Box 6327 Tallahassee, FL 32314	
Tallahassee, FL 32301	rananassee, FL 32314	

\$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.

i. CARING L	IFE SERVICES, INC.				
	of corporation; must include "INCORPORATED," "CON," "Corp." "Inc," "Co," or "Corp.")	PANY," "CORPORATION,"			
	N/A				
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)					
	nusylvania 3.	45-3828367			
(State or co	ountry under the law of which it is incorporated)	(FEI number, if applicable)			
4	11.28.2011 5.	Prepetual			
((Date of incorporation)	(Date of duration, if other than perpetual)			
6	NA				
	(Date first transacted business in Florid (SEE SECTIONS 607.1501 & 607.1502, F.S.)				
	(SEE SECTIONS 007.1301 & 007.1302.1.	101 7 (017)			
7	648 N. 5200 St. Philad	lelphia ta 19131			
(Principal office address)					
648 N. 524 St. Philadelphia Pa 191312 _					
(Current mailing address, if different)					
		26 SSE			
8. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)					
Nam	e: Registered Agents Inc.	2: I STAT LORI			
		2: 10 PATE DRIDA			
Office Addre	SS: 7901 4th St N STE 300				
	St. Petersburg	Florida <u>33702</u>			
	(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 Agents Inc.

Bill Havre - Assistant Secretary

(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.

11. Names and business addresses of officers and/or directors:
A. DIRECTORS
Chairmain: Beverly Dance
Address: 648 N. 52 nd 54.
Philadelphia Pa 19131
Vice Chairman: Jessica Barnes
Address: 27 VIKING LN
Levittown la 19054
Director:
Address:
201 St SATAL
Director:
AR 26
Address:
2.0
B. OFFICERS
President: Beverly Dance
Address: 648 N. 52nd St.
Philadelphia Pa 19131
Vice President: Jessica Barries
Address: 27 VIKING LN
Levittaun Pa 19054
Secretary: JEQNNINE Jackson
Address: 5450 Malcolm St. Philadelphia Pa 19143
Treasurer:
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
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. <u>Bevery Dance Chair Man L. E. D.</u> (Typed or printed name and capacity of person signing application)
(1) year of printed fiathe and capacity of person signing appreasion)

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

07/17/2019

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Caring Life Services, Inc.

is duly registered as a Pennsylvania Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date of herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, fax and penalties owed to the Commonwealth of Pennsylvania are paid.

F 1 L E D

THE COATE OF THE C

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Acting Secretary of the Commonwealth

Certification Number: TSC190717151501-2

Verify this certificate online at http://www.corporations.pa.gov/orders/verify