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(Address)

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2019 JUL 26 PM 2:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

Y SCOTT

JUL 26 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CARING LIFE SERVICES, 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:

Beverly Dance

Name of Person

CARING LIFE SERVICES, INC.

Firm/Company

648 N. 52nd St

Address

Philadelphia Pa 19131

City/State and Zip code

Bdance@CaringLifeServices.org

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

For further information concerning this matter, please call:

Beverly Dance

Name of Person

at (267)

Area Code

798-5969 (mobile)

Daytime Telephone Number

215-305-8812 apt #1
(office)

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. CARING LIFE SERVICES, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

N/A

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

2. Pennsylvania

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

3. 45-3828367

(FEI number, if applicable)

4. 11.28.2011

(Date of incorporation)

5. Perpetual

(Date of duration, if other than perpetual)

6. N/A

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

7. 648 N. 52nd St. Philadelphia Pa 19131

(Principal office address)

648 N. 52nd St. Philadelphia Pa 19131

(Current mailing address, if different)

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

Name: Registered Agents Inc.

Office Address: 7901 4th St N STE 300

St. Petersburg

(City)

Florida 33702

(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.

Bill Havre

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.

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

A. DIRECTORS

Chairman: Beverly Dance

Address: 648 N. 52nd St.

Philadelphia Pa 19131

Vice Chairman: Jessica Barnes

Address: 27 VIKING LN

Levittown Pa 19054

Director: _____

Address: _____

Director: _____

Address: _____

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B. OFFICERS

President: Beverly Dance

Address: 648 N. 52nd St.

Philadelphia Pa 19131

Vice President: Jessica Barnes

Address: 27 VIKING LN

Levittown Pa 19054

Secretary: Jeannine 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.

12. Beverly Dance

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. Beverly Dance Chairman/C.E.O.

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

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 herein.

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

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HARRISBURG, PENNSYLVANIA
CLERK OF FLORIDA



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

Kathly Bookman

Acting Secretary of the Commonwealth

Certification Number: TSC190717151501-2

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