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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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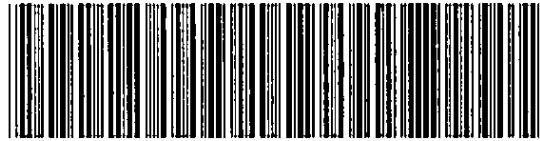
(Business Entity Name)

(Document Number)

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APPROVED
AND
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2022 AUG -8 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FL 32399

AUG 22 2022

Brumblay

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Careville Housing Solutions, 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:

Dominique McGhee

Name of Person

Firm/Company

3225 McLeod Drive

Suite 100

Address

Las Vegas, NV 89121

City/State and Zip Code

ra@andersonadvisors.com

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

For further information concerning this matter, please call:

Dominique McGhee

Name of Person

at (800) 706-4741

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$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 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. Careville Housing Solutions, Inc

(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.)

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

2. Nevada

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

3.

(FEI number, if applicable)

4. 7/13/2021

(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. 3225 McLeod Drive, Suite 100, Las Vegas, NV 89121

(Principal office street address)

(Current mailing address, if different)

Provide temporary shared community and transitional housing accommodations for individuals who are recovering from drug

8. addiction, substance use disorder, are receiving medically assisted treatment and those experiencing housing insecurities.

(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: Anderson Registered Agents, Inc.

Office Address: 625 E. Twiggs Street, Suite 110

Tampa

(City)

, Florida 33602

(Zip Code)

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TALLAHASSEE, FLORIDA

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FILED

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.

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☐ Chairman Name: Oscar Leon Lewis II
☐ Vice Chairman Address: 3225 McLeod Drive, Suite 100
☐ Director Las Vegas, NV 89121
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Alisha Lewis
☐ Vice Chairman Address: 3225 McLeod Drive, Suite 100
☐ Director Las Vegas, NV 89121
☐ President _____
☒ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Angela Sluss
☐ Vice Chairman Address: 3225 McLeod Drive, Suite 100
☒ Director Las Vegas, NV 89121
☐ President _____
☐ Vice President _____
☐ Secretary ☒ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Nicole Smith
☐ Vice Chairman Address: 3225 McLeod Drive, Suite 100
☐ Director Las Vegas, NV 89121
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Jamaal Powell
☐ Vice Chairman Address: 3225 McLeod Drive, Suite 100
☒ Director Las Vegas, NV 89121
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: India Powell
☐ Vice Chairman Address: 3225 McLeod Drive, Suite 100
☒ Director Las Vegas, NV 89121
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

NOTE: Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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

14. Oscar Lewis II
(Typed or printed name and capacity of person signing application)

Careville Housing Solutions, Inc

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors:

Director

Jason Sluss

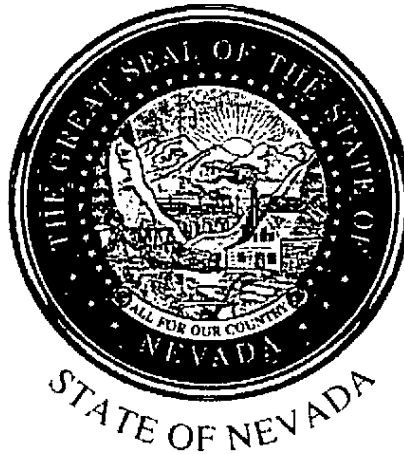
3225 McLeod Drive, Suite 100, Las Vegas, NV 89121

Director

Diane Lewis

3225 McLeod Drive, Suite 100, Las Vegas, NV 89121

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **Careville Housing Solutions, Inc.** as a DOMESTIC NONPROFIT CORPORATION (82) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 07/13/2021, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 07/26/2022.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202207262871717

You may verify this certificate
online at <http://www.nvsos.gov>