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COVER LETTER

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TO: Registration Section Division of Corporations
SUBJECT: Stewarts Village Personal (are Home Inc Name of Limited Liability Company
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certificate o Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please return all correspondence concerning this matter to the following:
Sonja Tonpea Name of Person
Stewarts Village Personal Care Home Inc
224 South Candler ST
Villa Rica GA 30180 City/State and Zip Code
Sonja & Stewartz Village. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sonja Tonp-la at 770, 459-2048 Name of Contact Person Area Code Daytime Telephone Number
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE S125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy

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

REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUTHE STATE OF FLORIDA:	ITTED TO ICT ITS AFF	AIRS IN
Stewart's Village Personal Pare Home To) <i>C</i>	
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbrevimport in language as will clearly indicate that it is a corporation instead of a natural person or partnership if in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.	viations of like not so contain)	ed
SHEWAY+'S VILLAGE PCH Toc. (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business.)	es in Florida)	_
2. (State or country under the law of which it is incorporated) 3. (Fell number, if applicable)		_
(State or country under the law of which it is incorporated) (FEI number, if applicable) 4 2/16/1994 5		
(Date of Incorporation) (Date of duration, if other than per	petual)	=
4. Z/16/1994 5. (Date of Incorporation) 5. (Date of duration, if other than per 6. (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine		=
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine	ne penalty liabi	lity.) -
7. 2640 Lake Shore Dr unit 710 Rivera, (Principal office street address)	Beach t	13340
224 South Candler ST Villa Rica GA 30180 (Current mailing address, it different))	_
(Current mailing address, if different)		
8. Home Care / home heath Services (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)		_
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)	7٦,	
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	<u></u>	
9. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	4 JUL 3	
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Sonja Tonpea	במגא אוור או	
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Sonja Tonpea Office Address: 2640 Lake Shore Dr Unit 710	HJUL 31 Pii	
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Sonja Tonpea Office Address: 2640 Lake Shore Dr Unit 7/0 Rivera Beach, Florida 33404	4 JUL 31 PH 4:	p
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Sonja Tonpea Office Address: 2640 Lake Shore Dr Unit 7/0 RIVERA Beach, Florida 33404 (City) (Zip Code)	4JUL 31 PH 4: 17	***
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Son a Ton pea Office Address: Alogo Lake Shore Dr Unit 7/0 Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corpor designated in this application, I hereby accept the appointment as registered agent and agree to accept agent and I am familiar with and accept the obligations of my position as registered agent.	ration at the	city. I
Name: Sonja Tonpea Office Address: 2640 Lake Shore Dr Unit 7/0 Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corpor designated in this application, I hereby accept the appointment as registered agent and agree to accept the agree to comply with the provisions of all statutes relative to the proper and complete performance.	ration at the	city. I

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: □ Chairman Address: ☐ Vice Chairman Address: Villa RICA GA □ Director □ Director 30180 President □President □Vice President □ Vice President ☐ Treasurer ☐ Secretary □ Secretary □Treasurer ☐ Other:____ □Other:_____ Other:____ Name: ___ Name: ______ □Chairman ☐ Chairman ☐ Vice Chairman Address: ☐ Vice Chairman Address: □ Director □ Director □President □President □Vice President ☐ Vice President □ Secretary □Treasurer □ Secretary □Treasurer ☐ Other:_____ Other:____ Other: □ Chairman Name: □ Chairman Name: _____ ☐ Vice Chairman Address: □ Vice Chairman Address: ☐ Director □ Director □ President ☐ President ☐ Vice President ☐ Vice President □ Secretary □Treasurer □ Secretary ☐Treasurer ☐ Other: □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. Vice Chairman, or any officer listed in number 12 of the application)

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

Control Number: K404635

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

STEWART'S VILLAGE PERSONAL CARE HOME INC.

a Domestic Nonprofit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 27779757 Date Inc/Auth/Filed: 02/16/1994 Jurisdiction : Georgia Print Date : 07/24/2024

Form Number : 211



Brad Raffonspager

Brad Raffensperger