

# F9500002887

E. Stephens  
Alexander + Vann

(Requester's Name)  
P.O. Box 1479  
(Address)  
Thomasville, GA 31799 904 849 0492  
(City, State, Zip) (Phone #)

300001513393  
-06/15/95--0102J--002  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

OFFICE USE ONLY

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. Whispering Pines of Thomasville  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☒ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy
- ☐ Mail out ☒ Will wait ☐ Photocopy ☐ Certificate of Status

FILED  
 95 JUN 15 AM 8:59  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

*gf*

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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 95 JUN 15 AM 8:53  
 DIVISION OF CORPORATION

Examiner's Initials

LAW OFFICES  
**ALEXANDER & VANN**  
218 EAST JACKSON STREET  
POST OFFICE BOX 1479  
THOMASVILLE, GEORGIA 31799-1479  
(912) 226-2965  
TELECOPIER (912) 228-0444

June 14, 1995

VIA HAND DELIVERY

State of Florida  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

RE: Whispering Pines of Thomasville, Inc.

Dear Sirs:

Enclosed please find the following documents in connection with the Application by Foreign Corporation for Authorization of the above-captioned corporation:

1. an original and a copy of the Application by Foreign Corporation for Authorization;
2. original and a copy of Certificate of Existence from the State of Georgia; and
3. a check in the amount of \$70, made payable to the Secretary of State for the filing fees.

Please file the Application, issue a Certificate of Authority, take other actions as required by law to effect the qualification to do business, and return to us the Certificate of authority.

Please contact the undersigned if you have any questions.

Sincerely yours,

ALEXANDER & VANN

*Thomas H. Vann, Jr.*  
Thomas H. Vann, Jr.

THV/JR:eks  
Enclosures

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TRANSACTION BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS  
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE  
STATE OF FLORIDA:

1. Whispering Pines of Thomasville, Inc.

(Name of corporation: must include the word "INCORPORATED", "COMPANY", "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.)

2. Georgia

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

3. 58-1864628

(FEI number, if applicable)

4. 9/2/89

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. June 15, 1995

(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 617.156, F.S.))

7. P. O. Box 1479

Thomasville, GA 31799-1479

(Current mailing address)

8. Farming and consulting

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

9. Name and street address of Florida registered agent:

Name: C T Corporation System

Office Address: c/o C T Corporation System, 1200 South Pine  
Island Road

Plantation, Florida, 33324

(Zip Code)

10. Registered agent 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 obligation of my position as registered agent.

C T Corporation System

(Registered agent's signature) (Officer)

John J. Masters, Assistant Secretary

(Type Name and Title of Officer)

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95 JUN 15 11:08:59  
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TALLAHASSEE, FLORIDA

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. Names and addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: Robert Thomas, III

Address: 220 S. Ridgewood Dr.

Daytona Beach, FL 32114

N/A

Vice Chairman: \_\_\_\_\_

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

Director: N/A

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

Director: N/A

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

**B. OFFICERS**

President: Robert Thomas, III

Address: 220 S. Ridgewood Dr.

Daytona Beach, FL 32114

Vice President: Pete Coleman Thomas

Address: 314 South Broad Street

Thomasville, GA 31792

Secretary: Donna L. Thomas

Address: 314 South Broad Street

Thomasville, GA 31792

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TALLAHASSEE, FLORIDA

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Treasurer: Robert Thomas, III

Address: 220 S. Ridgewood Dr.  
Daytona Beach, FL 32114

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

13.

*Robert Thomas*  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

Robert Thomas, III, Chairman

14.

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

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95 JUN 15 AM 8:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# Secretary of State

Corporations Division

Suite 315, West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

DOCKET NUMBER : 951630563  
CONTROL NUMBER : 8919009  
DATE INC/AUTH/FILED: 09/28/1989  
JURISDICTION : GEORGIA  
PRINT DATE : 06/12/1995  
FORM NUMBER : 0211

CT CORPORATION SYSTEM  
JOAN V. BOLDEN  
1201 PEACHTREE ST, NE  
ATLANTA, GA 30361

## CERTIFICATE OF EXISTENCE

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

### WHISPERING PINES OF THOMASVILLE, INC. A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above 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.



**FILED**  
95 JUN 15 AM 8:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
*Max Cleland*  
MAX CLELAND  
SECRETARY OF STATE