TO: Qualification/Registration Section **Division of Corporations** " Calanado accident Repenal & Education ItA. (Calanado Man-Propil Conquestion. Name of Corporation) 400001999774--7 -11/08/96--01003--001 *****78.75 *****78.75 Dear Sir or Madam: The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conducts its affairs in Florida. w96-23776 Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call:

COURIER ADDRESS:

Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

November 8, 1996

ROY A. ATH C.A.R.E. 332 HERNANDO ST. #4 FT. PIERCE, FL 34949

SUBJECT: COLORADO ACCIDENT REFERRAL & EDUCATIONAL

FOUNDATION, LTD.

Ref. Number: W96000023776

We have received your document for COLORADO ACCIDENT REFERRAL & EDUCATIONAL FOUNDATION, LTD. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in line one of the application must be identical to the name as it is listed on the attached highlighted copy of the certificate from Colorado. In addition, you must add a corporate suffix ("Incorporated," "Inc.," or "Corporation") to the name. This is because "LTD" in Florida means "Limited Partnership." This addition is for use n Florida only, and does not affect your filing in Colorado in any way.

Although you may not file this application under the name "C.A.R.E.," you may file a Fictitious Name application to do business under that name in Florida. We are sending a Fictitious Name application to you under separate cover.

Your application must list at least one officer or director on page two, and the bottom must be signed by an officer or director listed.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6958.

Lee Rivers
Document Examiner

Letter Number: 296A00051274

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

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOW SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:		
(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.)		LT
2. (State or country under the law of which it is incorporated) 3. 921108057 (FEI number, if applicable)		
4. (Date of Incorporation) (Duration: Year corp. will cease to exist or perpetual")	<u> </u>	 _
6. Application in Tropical Nowl. (Date corporation first conducted Affairs if Florida - See sections 617.1501, 617.1502, and 817.155, F.S.)	96 1	SE
7. 332 Hernands St. 74 ft. Pierce, Harida 34949	96 NOV 21 PH	FILED CRETARY OF HOH OF CORP
8. (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Fiorida)	<u>ડ</u> <u>ક</u>	STATE
9. Name and street address of Florida registered agent:		
Tay a Sth. #4		
(Office address) H. Lice, Florida H. 34949 (City) (Zip Code)		
10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above state corporation at the place designated in this application, I hereby accept the appointment of registered agent and agree to act in this capacity. I further agree to comply with the provious of all statutes relative to the proper and complete performance of my duties, and I am family with and accept the obligations of my position as registered agent.	sted is vision viliar	S

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: (Street address only- P. O. Box NOT acceptable) A. DIRECTORS (Street address only- P. O. Box NOT acceptable) Chairman: Address: Vice Chairman: N/AAddress: _ Director: __ Address: ____ Director: ___ Address: _ B.OFFICERS (Street address only- P. O. Box NOT acceptable) President: A Address: _ Vice President: Address: Secretary: Address: Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors, (Signature of Chairman any officer listed in number 12 of the application)

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



STATE OF COLORADO

DEPARTMENT OF STATE

CERTIFICATE

SECRETARY OF STATE SECRETARY OF STATE OF CORPORATIONS
96 NOV 21 PM 3: 41

I, VICTORIA BUCKLEY, Secretary of State of the State of Colorado hereby certify that

According to the records of this office

COLORADO ACCIDENT REFERRAL & EDUCATIONAL FOUNDATION, LTD. (COLORADO NONPROFIT CORPORATION)

file # 921108057 was filed in this office on NOVEMBER 09, 1992, and has complied with the applicable provisions of the laws of the State of Colorado and on this date is in good standing and authorized and competent to transact business or to conduct its affairs within this state.

Dated: OCTOBER 17, 1996

SECRETARY OF STATE