

TO:

Division Of Corporations P.O. Box 6327 Tallahassee, F1 32314

Dear Sirs,

-01052--004 12/02/96-*****131.50 ******81.50

Enclosed you will find a check for the amount of \$131.25. This amount is for ;

- a) Registration fee \$ 70.00
- b) Certificate of Status
- 8.75 52.50 c) Certificate Copy 131.50

Please call if you have any questions.

Respectfully,

Maria C. Ware

President



December 5, 1998

CARE-N-TOUCH INC. 1724 VALENCIA AVE. ORMOND BEACH, FL 32174

SUBJECT: CARE-N-TOUCH INC. Ref. Number: W96000025533

We have received your document for CARE-N-TOUCH INC. and your check(s) totaling \$131.25. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 487-6093.

Freta Lott Corporate Specialist Supervisor

Letter Number: 196A00054664

TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section Division of Corporations	1	
SUBJECT: CARE-N-Touch INC. (Name of corporation - must include sulfix)		. :
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for Authorization to Transact I Florida", "Certificate of Existence", and check are submitted to register the above foreign corporation to transact business in Florida.	Business in referenced	
Please return all correspondence concerning this matter to the following:		
MARIA C. WARE		o
MARIA C, WARE (Name of Person) VALENCIA CARE-N- Touch (Firm/Company)	ECRETAR LLAHAS	S DEC 26
1724 VALENCÍA AVE,	N OF S	MI 0: 5
(ORMONIA BEACH, FL 3217	W REFE	ည
Should you need to call someone concerning this matter, please call:		
MARIA (. WARE at GOLF) 67 (Name of Person) at Grea Code & Daytime Tele	7-457	212)

MAILING ADDRESS:

Tallahassee, FL 32314

Qualification/Tax Lien Section Division of Corporations P. O. Box 6327

COURIER ADDRESS:

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St

Tallahassee, FL 32399

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:

(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. DELA WARE (State or country under the law of which it is incorporated) 3. 59-33-94-540 (FEI dumber, if applicable)
4. (Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual") 6. (Date first transacted business in Florida, (Sex sections 607.1501, 607.1502, AND 817.155, F.S.)
7
1994 VALENCIA AVE. ORMOND BEACH, FL 32174 (Current mailing address)
(Current mailing address) 8. ASSISTED LIVING FACILITY (A.L.F.) (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 or Mail Drop Box NOT
Name: HALIA C. WARE
Office Address: 1924 VALENCIA AVE,
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)
(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.

A. DIRECTO	KS (30)	reet muu	ress only	- P.O.	Box N	OT acc	eptable	:)				,
Address:	011	1/2/	<u> </u>	<u> </u>	11/	10-				//	_	
Vice Chairman	<u> </u>	1779-1-0	=/V//	<u>4. //</u>	N P.T.	(VP.).	10ND	1915	000	45-1	م کت	
Vice Chairman;	1	 				 				·		
Address:								<u></u>			_	:.
Director:				T 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 	 		 		·		-	
Address:											-	
											-	
Director:											- '.	· ·
Address:					·					· · · · · · · · · · · · · · · · · · ·		
												· · · · · · · · · · · · · · · · · · ·
											-	
											-	
B. OFFICERS	(Street	nddress	only- P.	O. Box	NOT		ble)					
B. OFFICERS President: MA	(Street	nddress	only- P.	O. Box	NOT	eceptal	ble)					
3. OFFICERS President: MA	Street L/A	nddress C	only- P.	O. Box	NOT :	ecceptal					- -	
B. OFFICERS President: MA Address: 118	Street E/A MOI	NACO	only- P.	O. Box	NOT :	ecceptal] <u>/</u>				
President: MA Address: 196 OR Vice President: _	Street E/A WO	uddress C VAL	only-P. ENCL BER	O. Box ARE ARE	NOT	ecceptal] <u>/</u>				
President: MA Address: 196 OR Vice President: _	Street	nddress C WAL UB	only-P. (U) ENC BEF	O. Box ARE IA	NOT	ecceptal		74 ————————————————————————————————————				
President: MA Address: 136 Vice President:	(Street C/A ?Y MOI	nddress C WAL UD	only-P.	O. Box	NOT :	ecceptal		<u>'</u>		SICT	960	
President: MA Address: 110 Cice President: Address: Coresident: Address:	Street	nddress UHL UB	only-P.	O. Box	NOT :	ecceptal		<u>'</u>		TAS:	03096	en committee of the com
President: MA Address: 110 Cice President: Address: Coresident: Address:	Street	nddress UHL UB	only-P.	O. Box	NOT :	ecceptal		74		TAS:	9605026	inamo Musica Control
B. OFFICERS President: MA	Street	nddress UHL UB	only-P.	O. Box	NOT :	ecceptal		24		STOR TAKY UITALLAHASSEE.F	96 DEC 26 AN II	
President: MA Address: 100 Addr	Street	nddress UHL UB	only-P.	O. Box	NOT :	ecceptal		14		TAS:	96 DEC 26 AN IO: 5	
President: MA Address: Address: //ice President: ecretary: ddress: reasurer: ddress:	Street C/A C/MO/	WAL.	only-P.	O. Box	AV.	ecceptal = 3	2/7			STOR TAKY UITALLAHASSEE.F	96 DEC 26 AN ID: 53	
President: MA Address: MA Addr	Street	WAL.	only-P.	O. Box	AV.	ecceptal = 3	2/7			STOR TAKY UITALLAHASSEE.F	96 DEC 26 AN IO: 53	
cresident: MA ddress: MA ddr	Street	WAL.	only-P.	O. Box	AV.	ecceptal = 3	2/7			STOR TAKY UITALLAHASSEE.F	96 DEC 26 AN IO: 53	

State of Delaware Office of the Secretary of State PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CARE'N TOUCH INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF DECEMBER, A.D. 1996.

ANIO: 53
EE. FLORIDA



Edward J. Freel, Secretary of State

AUTHENTICATION: 8238328

DATE: 12-13-96

2643355 8300

960362702