# F97000006802

TRANS	MIT	TAL:	LET"	TER
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	on of Corporations
SUBJECT: R	oseann Greeney Elderly Living Centers, Inc.
	(Name of corporation - must include suffix)
Dear Sir or Ma	adam:
The enclosed "Certificate of transact business	"Application by Foreign Corporation for Authorization to Transact Business in Florida", Existence", and check are submitted to register the above referenced foreign corporation to ess in Florida.
Please return a	dl correspondence concerning this matter to the following:
	Roseann Greeney
	(Name of Person)
	Roseann Greeney Elderly Living Centers, Inc.
	(Firm/Company)
	18 Braddock Lane
	(Address) 80002379908
	Palm Coast, FL 32137 ******70.00 ******70.00
1	(City/State/Zip) Office Use Only
Should you ne	ed to call someone concerning this matter, please call:
Should you ne	

### **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 7 DEC 23 AM 9: 3

SECRETARY OF STATE
NVISION OF CORPORATIONS

# 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.

I. Roseann Greeney Elderly Living Centers, 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. Delaware 3. 59-3479774 (State or country under the law of which it is incorporated) (FEI number, if applicable)		<del></del>
(State or country under the law of which it is incorporated) (FEI number, if applicable)		
4. 11-17-97 5. <u>Perpetual</u>	<del> </del>	
4. 11-17-97 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")		
6. 11-17-97 (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)		
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)		
7. 18 Braddock lane	_	
Palm Coast, FL 32137 (Current mailing address)		_
(CMTON MANDLE BULLESS)		
8 To transact Business for profit under the Laws of the State of	De 1 a	ware
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)		
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)		
	ۍ.	9
Name: School Sceney	7 D	)SEO
Name: RoseAnn Graney Office Address: 18 Bradbock (ANE	<u>C</u>	≥R 2E -
Office Address: 10 15 7-100 CF-10C	23	SE CHANGE
PAIM COAST, Florida, 32/37		공 장유 0
(Zip code)	က္	S S
10. Desirtand court's courteres.	ယ္	글
10. Registered agent's acceptance:		টে
Having been named as registered agent and to accept service of process for the above stated corporation at the pla		
in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am		
and accept the obligations of my position as registered agent.	, wars 684 <b>8</b>	
Domm Maranaus		
- Ham George		

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.

(Registered agent's signature)

	ORS (Street address only - P.O. Box NOT acceptable)
Chairman: _	
Address:	
Vice Chairma	an:
Address:	
 Director:	
Address:	<u>,                                      </u>
— Director:	
B. OFFICI	ERS (Street address only - P.O. Box NOT acceptable)
President:	Roseann Greeney
Address:	18 Braddock lane
	Palm Coast, FL 32137
,	Palm Coast, FL 32137
Vice Presider	
Vice Presider Address:	nt:
Vice Presider Address:  — Secretary:	nt:
Vice Presider Address:  Secretary: Address:	nt:
Vice Presider Address:  Secretary: Address:  Treasurer:	
Vice Presider Address:  Secretary: Address:  Treasurer: Address:	nt:

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

## 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 "ROSEANN GREENEY ELDERLY LIVING CENTERS, 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 TWENTIETH DAY OF NOVEMBER, A.D. 1997.

97 DEC 23 AM 9: 37

Edward J. Freel, Secretary of State

AUTHENTICATION:

8768471

DATE:

11-20-97

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