1701000001686

Care Resources

Corporate Documents
Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

400004452484--7 -06/29/01--01099--002 ****225.00 ****155.00

To Whom It May Concern:

Attached you will find the proper documents required for the registration of Care Resources, LLC to do business in the State of Florida. We have attached a check in the amount of \$225.00 for the filing fee (\$100.00), the designation of a registered agent (\$25.00) and the two years of registration fees (\$100.00).

Care Resources was actually a division of an existing Florida company and was purchased in April of 1999. At that time to my understanding a lawyer was asked to register the company in the state of Tennessee as an LLC and complete all necessary filings. The owners were under the impression that all applicable registrations were done at that time. I recently joined the company as the accountant and am in the process of sifting through all of the company books and documents.

I have been told because of the lack of registration in Florida that an additional \$2,000.00 will be fined against us. Being a small company working on growth, this amount would be an extreme hardship and I would like to request it be waived or reduced significantly. I have reviewed the other filings for the state of Florida including payroll taxes, property taxes and other assessed items and all have been submitted in a timely manner. I know if this problem had been found earlier that the present owners would have filed the registration in the same way.

I would greatly appreciate any help and support you can give us in this matter. If you need any other information please feel free to contact me at 615-373-5427. I will be looking forward to hearing your decision in the very near future.

Name
Availability Sincerely,

Document Examiner Chris James

Updater Chris James

Controller

Updater
Verifyer DCC

Actino yledgement DCC

7. P. Verifyer 5042 Thoroughbred Lane • Suite 200 • Brentwood, TN 37027 • 615-373-5427 • Fax 615-371-0686

5201 Trouble Creek Road • New Port Richey, FL 34652 • 727-842-3344 • Fax 727-859-9374

332 Whispering Oaks Court ◆ Sarasota, FL 34232 ◆ 941-342-7790 ◆ Fax 941-342-7791

M010000 121934 P0087 TO:

Gerry York, General Counsel's Office

FROM:

Gretchen S. Harvey, Registration Section

DATE:

July 16th, 2001

SUBJECT:

CARE RESOURCES, LLC

REFERENCE:

W01000015629

Pursuant to Mr. James' letter of July, the attached documents and correspondence are being forwarded to you for appropriate handling.

Please note the attached documents appear to meet the filing requirements stipulated in Chapter 608, Florida Statutes, with the exception of any penalty or annual report fees that may be due this office.

Should you have any further questions concerning this matter, please do not hesitate to get in touch.

/gsh

No collection



Department of State

Memorandum Office of the General Counsel

TO:

File

FROM:

Gerard York, Assistant General Counsel

DATE:

July 24, 2001

RE:

Care Resources, LLC

Based on my review of the file, it is my recommendation that this file be closed. LLC has paid annual report fees from 1999 of \$100.00 and it would not be an efficient use of the State's resources to attempt to collect penalties from this marginal enterprise. LLC wishes to be qualified to do business in the State of Florida. Accordingly, it is recommended that LLC be issued a certificate of authority.

/gty

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	Care Resources, LLC			
	(Name	of foreign lim	ited liability company)	_
	Tennéssee	3,	62-1778062	
(Juris comp	sdiction under the law of which foreign limited any is organized)	lliability	(FEI number, if applicable)	
	4/28/1999	5,.	4/28/2029	
	(Date of Organization)	_	(Duration: Year limited liability company will cease to exist or "perpetual")	
	7/1/1999			
	(Date first transacted business in Fl	orida. (See se	ctions 608,501, 608,502, and 817,155, F.S.)	
	5201 Trouble Creek Ro	ad		_
	New Port Richey, Flor	ida 3465	LECKE JU	
·	(Stre	et address of	principal office)	
If li	mited liability company is a manager-	managed co	mpany check here X	î
				-
The	name and usual business addresses of	the managi	ing members or managers are as follows	
			등류 뚫	
	en Smith, 5201 Trouble Creek R	oad, New	Port Richey, FL 34652	
~	homas W. Marshall, 412 Oakleig	h Hill Dr	ive, Nashville, TN 37215	
1				
	ynn Filgyarth 50/2 Tharaughbr	ad Tama	Cuide 200 Burney J MN 27027	-
	ynn Ellsworth, 5042 Thoroughbr	ed Lane,	Suite 200, Brentwood, TN 37027	<u></u>
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Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:			
Care Resources, LLC		- -	-
2. The name and the Florida street address of the registered agent and office are:	SE	0	
Dale Wyche	, AH.	JUL	
(Name)	ARY	24	FILED
5201 Trouble Creek Road	OF S E, FL	<u>₹</u>	0
Florida street address (P.O. Box NOT ACCEPTABLE)		1:8	
New Port Richey FL 34652	- DA	ω	
City/State/Zip			

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

LaleWyche (Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Division of Business Services
312 Eighth Avenue North
6th Floor, William R. Snodgrass Tower
Nashville, Tennessee 37243

ISSUANCE DATE: 06/27/2001 REQUEST NUMBER: 01178513 TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 04/28/1999 STATUS: ACTIVE CORPORATE EXPIRATION DATE: 04/28/2029 CONTROL NUMBER: 0369951 JURISDICTION: TENNESSEE

TO: LEN SMITH 5042 THOROUGHBRED LN SUITE 200 BRENTWOOD, TN 37027 REQUESTED BY: LEN SMITH 5042 THOROUGHBRED LN SUITE 200 BRENTWOOD, TN 37027

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT

"CARE RESOURCES, LLC"

A LIMITED LIABILITY COMPANY DULY FORMED UNDER THE LAW OF THIS STATE WITH DATE OF FORMATION AND DURATION AS GIVEN ABOVE;
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE EXISTENCE OF THE LIMITED LIABILITY COMPANY HAVE BEEN PAID:
THAT THE MOST RECENT LIMITED LIABILITY ANNUAL REPORT REQUIRED HAS BEEN FILED;
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND
THAT ARTICLES OF TERMINATION OF THE EXISTENCE HAVE NOT BEEN FILED.

OI JUL 24 AM 8: 43
SECRETARY OF STATE
TALLAHASSEE, ELORINA

FOR: REQUEST FOR CERTIFICATE

ON DATE: 06/27/01

RECEIVED:

\$20.00

\$0.00

TOTAL PAYMENT RECEIVED:

\$20.00

RECEIPT NUMBER: 00002900127 ACCOUNT NUMBER: 00311272

AGRICULTURE 1

FROM: CARE RESOURCES LLC PO BOX 2029

BRENTWOOD, TN 37024-2029

RILEY C. DARNELL SECRETARY OF STATE