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2023 JAN 20 P 11:04

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: wallacek@carearoundtheblock.com

Foreign Limited Liability Company
Choices In Senior Care LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	$155.00

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S. ROBERTS

JAN 23 2023

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Choices in Senior Care, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.")

2. Knoxville, TN
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 27-2329897
(FEI Number, if applicable)

4. 2/1/2023
(Date first transacted business in Florida or prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine a penalty liability)

5. 151F Market Place Blvd
(Street Address of Principal Office)

Knoxville, TN 37922

6. 151F Market Place Blvd
(Mailing Address)

Knoxville, TN 37922

2023 JAN 20 AM 11:04

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

Registered agent's acceptance:
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 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.

By: Christine Kelm
Assistant Secretary
(Registered agent's signature)

Christine Kelm

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total].

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
☐Manager ☑Member ☐Authorized Person ☐Other ☐Other	Name: Abigail Wegman Address: 512 Arrowhead Trail Southwest Knoxville, TN 37919	☐Manager ☒Member ☐Authorized Person ☐Other ☐Other	Name: Casey Rausin Address: 204 Timothy Avenue Sweetwater, TN 37874
☐Manager ☑Member ☐Authorized Person ☐Other ☐Other	Name: Kathy Wallace Address: 2869 Mable Couch Way Knoxville, TN 37931	☐Manager ☒Member ☐Authorized Person ☐Other ☐Other	Name: Mary Wegman Address: 9016 Candlewood Drive Knoxville, TN 37923
☐Manager ☐Member ☐Authorized Person ☐Other ☐Other	Name Address	☐Manager ☐Member ☐Authorized Person ☐Other ☐Other	Name Address

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of an authorized person

Kathy Wallace

Typed or printed name of signee

Tre Hargett
Secretary of State

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

WOLTERS KLUWER
WOLTERS KLUWER
600 W ED
S, IL 62704

January 6, 2023

Request Type: Certificate of Existence/Authorization
Request #: 0510561

Issuance Date: 01/06/2023
Copies Requested: 1

Document Receipt

Receipt # : 007681004 Filing Fee: $20.00

Payment-Credit Card - State Payment Center - CC #: 3843011900 $20.00

Regarding: CHOICES IN SENIOR CARE LLC
Filing Type: Limited Liability Company - Domestic
Formation/Qualification Date: 04/14/2010
Status: Active
Duration Term: Perpetual
Business County: KNOX COUNTY

Control # : 628530
Date Formed: 04/14/2010
Formation Locale: TENNESSEE
Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

CHOICES IN SENIOR CARE LLC

* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;

* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has filed the most recent annual report required with this office;

* has appointed a registered agent and registered office in this State;

* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

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