

1/20/23 11:57 AM

Division of Corporations

**H2300000798**

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (954)288-0845  
Fax Number : (614)573-3996

2023 JAN 20 11:11:04

\*\*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

2023

Foreign Limited Liability Company  
Choices In Senior Care LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

S. ROBERTS

JAN 23 2023

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

IN COMPLIANCE WITH SECTION 905.091, 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 3. 27-2329897
(State/territory/country in the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 2-1-2023
(Date first transacted business in Florida. Prior to registration. (See sections 905.0904 & 905.0905, F.S., to determine 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

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

2023 JAN 20 11:11:04

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 Keim Assistant Secretary

Christine Keim

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).

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Abigail Wegman</u>	<input type="checkbox"/> Manager	Name: <u>Casey Raush</u>
<input checked="" type="checkbox"/> Member	Address: <u>512 Arrowhead Trail Southwest</u>	<input checked="" type="checkbox"/> Member	Address: <u>204 Timothy Avenue</u>
<input type="checkbox"/> Authorized Person	<u>Knoxville, TN 37916</u>	<input type="checkbox"/> Authorized Person	<u>Sweetwater, TN 37873</u>
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

<input type="checkbox"/> Manager	Name: <u>Kathy Wallace</u>	<input type="checkbox"/> Manager	Name: <u>Mary Wegman</u>
<input checked="" type="checkbox"/> Member	Address: <u>2869 Mable Couch Way</u>	<input checked="" type="checkbox"/> Member	Address: <u>9016 Candlewood Drive</u>
<input type="checkbox"/> Authorized Person	<u>Knoxville, TN 37931</u>	<input type="checkbox"/> Authorized Person	<u>Knoxville, TN 37923</u>
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

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.

Kathy Wallace  
Signature of an authorized person

Kathy Wallace  
Typed or printed name of signer



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 Control #: 628530  
Formation/Qualification Date: 04/14/2010 Date Formed: 04/14/2010  
Status: Active Formation Locale: TENNESSEE  
Duration Term: Perpetual Inactive Date:  
Business County: KNOX COUNTY

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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