Filing and License Fee: \$310.00 minimum

ID Number: 4994

M 7493



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

BUSINESS CORPORATION

APPLICATION FOR CERTIFICATE OF AUTHORITY

Pursuant to the provisions of Section 7-1.2-1405 of the General Laws	of Rhode Island, 1956, as amended, the u	indersigned foreign
corporation hereby applies for a Certificate of Authority to transact busing		
the following statement:		•

		ion nereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submit wing statement:					
1.	The	name of the corporation is Prevent, Inc.					
2.	It is incorporated under the laws of						
3.	The	name, if different, which it elects to use in Rhode Island is:					
	(a)	(a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation," "company," "incorporated," or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:					
(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with application:							
4.	The	date of its incorporation is January 24, 1996 and the period of its duration is perpetual					
5	. The address of its principal office in the state or country under the laws of which it is incorporated is						
		Oth Ave. Drive NE, Hickory NC 28601					
-							
6.	The	address of its proposed registered office in Rhode Island is 222 Jefferson Blvd, Suite 200					
	18/0	(Street Address, not P.O. Box)					
		(City/Town), RI O ARP and the name of its proposed registered agent in Rhode Island					
		(City/Town) (Zip Code)					
	that	address is NATIONAL REGISTERED AGENTS INC. (Name of Agent)					
		(Name of Agent)					
7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:							
	Los	s prevention services for long term care facilities					
8.	(a) T	he names and respective addresses of its directors (optional unless directors are required under the laws of the state or count					
of which it is incorporated).							
		<u>Name</u> <u>Address</u>					
	D	rector					
	D	rector SEZ ATTACHMENT FILED					
	D	rector					
	D	AUG 1 5 2005					
	rm No	· · · · · · · · · · · · · · · · · · ·					
κe	vised:	07/05					

		Name		Address
	President		ATRIVALENT	<u></u>
	Vice President			
	Treasurer			 -
	Secretary			
	·			
9.	The aggregate nun and series, if any, v	nber of shares which it has authority to vithin a class, is:	o issue, itemized by classes, p	ar value of shares, shares without par value,
				Par Value or Statement that
	Number of	Shares Class COMMON	<u>Series</u>	Shares are without Par Value
	10,000	COMMON		.01
10.		of the value of all property to be o	owned by the corporation for	the following year, wherever located, is
	(b) An estimate of \$	of the value of the corporation's pro	operty to be located within R	thode Island during the following year is
	located within	this state during the following year bea	ars to the value of all property	lue of the property of the corporation to be of the corporation to be owned during the ultiply by 100 to obtain the percentage].
11.	(a) An estimate of \$ 4,800.	of the gross amount of business to	be transacted by the corp	poration during the following year is
	(b) An estimate of Island during t	of the gross amount of business to he following year is \$ 34,000	be transacted by the corporation	on at or from places of business in Rhode
	corporation at	or from places of business in this stat by the corporation during the following	te during the following year be	nount of business to be transacted by the ars to the gross amount thereof which will ide (b) by (a) and multiply by 100 to obtain
12.	This application is of which it is incorp		Standing issued by the proper	officer of the state or country under the laws
13.	This Application for than the 90 th day a	Certificate of Authority shall be effect fter the date of this filing	tive upon filing unless a specifi	ed date is provided which shall be no later
				ry, I declare and affirm that I have
				n for Certificate of Authority, including achments, and that all statements
			contained herein are true	and contect
Da	ite:		XX	Bort
	· · ·		Signature of Aut	horized Officer of the Corporation
				el Bogue, Jr
			Type or Print	Name of Authorized Officer

Prevent, Inc.

Officers:

President Betty Z. Bogue

2425 N. Center St., PMB 162

Hickory NC 28601

Vice President Angela B. Simmons

4241 N. Center St. Hickory NC 28601

Secretary H. Daniel Bogue, Jr.

2425 N. Center St., PMB 162

Hickory NC 28601

Treasurer H. Daniel Bogue, Jr.

2425 N. Center St., PMB 162

Hickory NC 28601

<u>Directors</u>: Betty Z. Bogue

2425 N. Center St., PMB 162

Hickory NC 28601

Angela B. Simmons 4241 N. Center St. Hickory NC 28601

H. Daniel Bogue, Jr.

2425 N. Center St., PMB 162

Hickory NC 28601

Donald C. Beaver

Beachfront 530 Ocean Dr.

Juno Beach FL 33408



NORTH CAROLINA Department of The Secretary of State

CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

PREVENT, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 24th day of January, 1996, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 24th day of June, 2005

Secretary of State

6 laine I. Marshall

Certification# 84818894-1 Reference# 7907792-ACH Page: 1 of 1 Venfy this certificate online at www secretary state ne us/verification