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TRANSMITTAL LETTER

TO: Qualification/Registration Section
Division of Corporations

SUBJECT: UNIVERSAL HEALTH QUEST, INC
(Name of Corporation)

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conducts its affairs in Florida.

Please return all correspondence concerning this matter to the following:

000003360010--7

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*****87.50 *****87.50

MARILYN A. CALVERT
(Name of Person)

UNIVERSAL HEALTH QUEST, INC
(Firm/Company)

W - 20547

PO BOX 32074
(Address)

JACKSONVILLE, FL 32237
(City, State and Zip Code)

For further information concerning this matter, please call:

MARILYN(SUNNY) CALVERT at (904) 292-0421
(Name of Person) Area Code & Daytime Telephone Number

STREET 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

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TALLAHASSEE, FL
SECRETARY OF STATE

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Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

August 21, 2000

MARILYN A. CALVERT
PO BOX 32074
JACKSONVILLE, FL 32237

SUBJECT: UNIVERSAL HEALTH QUEST, INC.
Ref. Number: W00000020547

We have received your document for UNIVERSAL HEALTH QUEST, INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6097.

Michael Mays
Document Specialist

Letter Number: 300A0004

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR
AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA**

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR
AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. UNIVERSAL HEALTH QUEST, INC
(Name of corporation: must include the word "INCORPORATED" or "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. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
2. DELAWARE 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. AUGUST 7TH, 2000 5. PERPETUAL
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. NONE AS OF YET. AWAITING APPROVAL FROM FLORIDA.
(Date corporation first conducted Affairs in Florida -
See sections 617.1501, 617.1502, and 817.155, F.S.)
7. P.O. Box 32074
JACKSONVILLE, FL ~~32074~~ 32237
(Current mailing address)
8. CHARITABLE & EDUCATIONAL PURPOSES WITHIN THE MEANING OF SEC. 501(C)3
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) OF IRS CODE
SPECIFICALLY, TO CAMPAIGN AGAINST TOBACCO USE, ESPECIALLY BY CHILDREN.
9. Name and street address of Florida registered agent:

MEALYN R. (MEL) CALVERT
(Name)

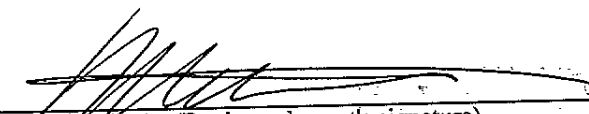
4356 PILGRIM WAY
(Office address)

JACKSONVILLE, Florida, 32257
(City) (Zip Code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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 as registered agent.


(Registered agent's signature)

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.

12. Names and addresses of officers and/or directors: (Street address only- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: MERLYN R. (MEL) CALVERT

Address: 4356 PILGRIM WAY
JACKSONVILLE, FL 32257

Vice Chairman: MARILYN A. (SUNNY) CALVERT

Address: 4356 PILGRIM WAY
JACKSONVILLE, FL 32257

Director: GREG HEMSOOTH

Address: 2643 TACITO TRAIL
JACKSONVILLE, FL 32223

Director: _____

Address: _____

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: MERLYN R. (MEL) CALVERT

Address: 4356 PILGRIM WAY
JACKSONVILLE, FL 32257

Vice President: MARILYN A. (SUNNY) CALVERT

Address: 4356 PILGRIM WAY
JACKSONVILLE, FL 32257

Secretary: MARILYN A. (SUNNY) CALVERT

Address: SAME ABOVE

Treasurer: GREG HEMSOOTH

Address: 2643 TACITO TRAIL JACKSONVILLE FL 32223

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. [Signature]
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

MERLYN R. CALVERT, CHAIRMAN/PRESIDENT
(Typed or printed name and capacity of person signing application)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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 "UNIVERSAL HEALTH QUEST, 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 THIRTIETH DAY OF AUGUST, A.D. 2000.


AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "UNIVERSAL HEALTH QUEST, INC." WAS INCORPORATED ON THE SEVENTH DAY OF AUGUST, A.D. 2000.

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00 SEP 06 PM 2:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA




Edward J. Freel, Secretary of State

AUTHENTICATION: 0649252

DATE: 08-30-00

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