

TO: Registration Section Division of Corporations	
SUBJECT: HealthShare 1	INC.
(Name of corporation - must	include suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authoriz "Certificate of Existence", and check are submitted to register the to transact business in Florida.	ation to Transact Business in Florida", te above referenced foreign corporation
Please return all correspondence concerning this matter to the fo	llowing:
David Surpherd (Name of Person)	
HealthShare 1 INC. (Firm/Company)	
_ 166 Anchorage St -1	swer love
166 Anchorage St (Address)	
Ft. Myers Beach, FL 339; (City/State and Zip co	2 /
(City/State and Zip co	ode)
For further information concerning this matter, please call:	F 01 DE SECREI TALLAII
(Name of Person) at (\$941) 46 (Area Code & D	STA:
Registration Section Registration Obvision of Corporations Division 409 E. Gaines St. P.O. Bo	NG ADDRESS: ution Section of Corporations x 6327 ssee, FL 32314
Enclosed is a check for the following amount:	• 1 —
\$70.00 Filing Fee S78.75 Filing Fee S78.75 Filing Fee Certificate of Status Certified	Filing Fee & S87.50 Filing Fee, I Copy Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. HealthShare 1, INC.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "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.)
2. Missour: (State or country under the law of which it is incorporated) 3. 43-1860145 (FEI number, if applicable)
4. August 27, 1999 5. perpetual (Duration: Year corp. will cease to exist or "perpetual")
4. August 27, 1999 5. Perpetual (Dark of incorporation) (Duration: Year corp. will cease to exist or "perpetual") 6. Ul/02 upon qualification has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607 1501 607 1502 and 817 155 F.S.)
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. Kai Resort Sun Lizard 1981 (Principal office address) Ft. Myers. Beach, FL 33931
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 7. White the Start Law: Ka; Resort Sun L: zard 1400 Estera Blue (Principal office address) The Myers. Beach, FL 33931 (Current mailing address)
8. Reta: Sales (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name: David Shepherd
Office Address: 166 Auchorage St Lower Level
Name: David Shepherd Office Address: 166 Auchgrage St Lower Level Ft. Myers Beach, Florida 33931 (City) (City) ASSECRETARY OFF ST. T. C.
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.
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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 business addresses of officers and/or directors: A. DIRECTORS Chairman: ___ Address: Vice Chairman: Address: ___ Director: Address: __ Director: _ Address: ___ B. OFFICERS Myers Beach Vice President: Address: __ Secretary: Ft. Myers Beach, FL 3393 Address: 166 Anchorage St. - Lower Level Treasurer: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

David Shepherd - President

(Typed or printed name and capacity of person signing application)

STATE OF MISSOURI



Matt Blunt Secretary of State

CORPORATION DIVISION
CERTIFICATE OF CORPORATE GOOD STANDING

I, MATT BLUNT, Secretary of State of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

HEALTHSHARE 1, INC.

was incorporated under the laws of this State on the 27th day of AUGUST, 1999, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 21st day of DECEMBER, 2001.

Secretary of State