

TO:	Registration Sec Division of Corp			-01/15/	<b>78040</b> 0201049 <u>0</u> 03
SUBJ	_	Healthnotes	Inc	米米米米?(	0.00 *****70.00
SUDJ	ECI:		ation - must include suf	fix)	
Dear S	ir or Madam:				
"Certif	closed "Application ficate of Existence sact business in Fl	on by Foreign Corporation ", and check are submitted orida.	for Authorization to Tra to register the above ref	nsact Business in F ferenced foreign co	lorida", rporation
Please	return all correspo	ondence concerning this ma	atter to the following:		
	Pamel	a Deur			111
	1 4111010	(Name	e of Person)		MC1/6
	Health	notes Inc			Ten / CP
		(Firm	/Company)		Visit
	1505	SE Gide	on Ste	200	N ONE
		(A	(ddress)		
	Portla	nd, OR	97202		
		(City/Sta	ate and Zip code)		SIAS SIAS SIAS
					- 10N
For fu	rther information of	concerning this matter, plea	se call:		0,
F	amela 7 (Name of Perso	<u>Deyn</u> at ( <u>50</u>	23	1579 lephone Number)	<del>_</del>
	ET ADDRESS:		MAILING ADDE		
Divisi	on of Corporation	3	Division of Corpo		
	Gaines St. assee, FL 32399		P.O. Box 6327 Tallahassee, FL 3	2314	
			i aiiaiiaoooo, i ii	_	
Enclos	sed is a check for t	he following amount:			
<b>12</b> \$70	0.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee Certified Copy		ling Fee, te 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. Healthnotes, 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.) Ountry wholer the law of which it is incorporated)

8-6-1998
(Date of incorporation)

3. 93-1256 748
(FEI number, if applicable)

Per Petual
(Duration: Year corp. will cease to exist or "perpetual") 12-5-01 (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) SE Gideon, Ste 200 Hand, OR 97202 (Current mailing address) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: CT Corporation System Office Address: 1200 South Pine Island Road Plantation 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. C T Corporation System (Registered agent's signature)  $\widehat{11}$ .) 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

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable) FL019-9/2/99 CT System Online

which it is incorporated.

## **FLORIDA**

# CONSENT TO SERVE AS REGISTERED AGENT

C T CORPORATION SYSTEM having been designated to act as registered agent hereby agrees to act in this capacity for the following corporation: HealthNotes, Inc.

C T CORPORATION SYSTEM

Date: 01/08/02

ssistant Vice President

12. Names and business addresses of officers and/or directors:  A. DIRECTORS	
12. Names and business addresses of officers and/or directors:	
A. DIRECTORS	
Chairman:	
Address:	
Vice Chairman:	
Address:	
Director:	DIVÎ
Address:	JAN STORE
Director:	PH
	<u> </u>
Address:	6 85
B. OFFICERS  President: Schuyler Lininger  Address: 1505 SE Gideon, Ste 200	
Portland, OR 97202	
Vice President: Michael Peet	
Address: 1505 SE G:deon, Ste 200 Portland, OR 97202	
Secretary: Tim O'Connor	0.00.000
Address: & 1505 SE Gideon, Str 200 Portland, C	MC 91002
Treasurer:	
Address:	
NOTE: If necessary, you may attack an addendum to the application listing additional officers and/	
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the ap  14. Tim O'Connor, V.P. of Frnance So Adm.	, .

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

Carpurale Secretary



## Healthnotes, Inc

#### **Directors & Business Address:**

David Cole

360 Main Street, P.O. Box 478, Washington, VA 22747

Doug Lehrman

North Castle Partners

183 East Putnam Ave., Greenwhich, CT 06830

Jill Higgins

10153 1/2 Riverside Dr., #598, Toluca Lake, CA 91602

Linda Dozier

905 Via Fruteria, Santa Barbara, CA 93110

Stan Amy

New Villages Group,

4109 NE 19th Suite B, Portland, OR 97211

Schuyler Lininger

1505 SE Gideon, Suite 200 Portland, OR 97202

Michael Peet

1505 SE Gideon, Suite 200 Portland, OR 97202

Tim O'Connor

1505 SE Gideon, Suite 200 Portland, OR 97202

Geoff Lay

1505 SE Gideon, Suite 200 Portland, OR 97202

#### Officers & Business Address:

Schuyler Lininger

1505 SE Gideon, Suite 200 Portland, OR 97202

Michael Peet

1505 SE Gideon, Suite 200 Portland, OR 97202

Tim O'Connor

1505 SE Gideon, Suite 200 Portland, OR 97202

Geoff Lay

1505 SE Gideon, Suite 200 Portland, OR 97202







#### **CERTIFICATE**

# State of Oregon

## OFFICE OF THE SECRETARY OF STATE Corporation Division

I, BILL BRADBURY, Secretary of State of Oregon, and Custodian of the Seal of said State, do hereby certify:

### HEALTHNOTES, INC.

was

incorporated under the Oregon

**Business Corporation Act** 

on

August 6, 1998

and is active on the records of the Corporation Division as of the date of this certificate.

SECRETARY OF STATE DIVISION OF CORPORATIONS



In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

BILL BRADBURY, Secretary of State

By

Marilyn R. Smith January 8, 2002