# F03000005146

(Requestor's Name)
·
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Exercise Entry / tallie)
(Document Number)
(Doddinont (Minbo))
Cartificat Couries Cartificates of Obstant
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
16/0 500
10/9 PPC





000023391170

10/09/03-201032-001 \*\*70.00

MJH .

FILED:

### TRANSMITTAL LETTER

TO:	Registration Section	4.	
10.	Division of Corporations		
SUBJI	ECT: PEACE OF MIND MEDICAL, IN	VC.	
	(Name of corporation	on - must include suffix)	
Dear Si	ir or Madam:		
"Certifi	closed "Application by Foreign Corporation for icate of Existence", and check are submitted to eact business in Florida.		
Please	return all correspondence concerning this matte	r to the following:	
JEF	F DIETZEL	Table 1	
	(Name of	j	
PEA	ACE OF MIND MEDICAL, INC.		
	(Firm/Co		
P.O.	. BOX 1535		7
	(Addi	ress)	1
VER	RADALE, WA 99037		
		and Zip code)	
For furt	her information concerning this matter, please of	 call:	
JEFF	DIETZEL cat ( 509	<u>7</u> 280-4213	
<b>—</b>	(Name of Person) (Area (	Code & Daytime Telephone 1	Number)
		·_	
Registra Division 409 E. (	AT ADDRESS: Ation Section of Corporations Gaines St. ssee, FL 32399	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclose	d is a check for the following amount:		1
<b>Ø</b> \$70.6	00 Filing Fee	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, 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.	PEACE OF MIND	MEDICAL, INC.		<u> </u>		
	words or abbreviations of	st include the word "INCORPORATIVE import in language as will cle hip if not so contained in the name	arly indicate that it i			
2.	WASHINGTON	er en	<sub>3</sub> . <u>7</u> 6-073713	5	I .	
(State or country under the law of which it is incorporated			(	FEI number, if	applicable)	
4.	JULY 7,2003		5. PERPET	TUAL ,	Î	
	(Date of incor	oration)	(Duration: Yea	ir corp. will ceas	se to exist or "perpe	etual")
6.	UPON QUALIFIC	CATION			<u></u>	·
	(Date first transacted busin	ness in Florida. If corporation has (SEE SECTIONS 607.1:			isert "upon qualific	ation.")
7.	22809 E. COUN	TRY VISTA DR. #272, LIE	BERTY LAKE, W	VA 99019	it. √m	
′.	<del>''':</del>	(Principal office a	<del></del>		* ·	
	P.O. BOX 1535,	VERADALE, WA 99037	*	4	ACT.	
		(Current mailing a	address)			
8.	MEDICAL SUPPL	IES			<u>.</u>	<u>;*</u> ;
	(Purpose(s) of corp	oration authorized in home state or	country to be carrie	d out in state of	Florida)	03
9.	Name and street addr	<u>ess</u> of Florida registered agen	it: (P.O. Box or M	Iail Drop Box	NOT acceptable)	
	Name: EMILY	DIETZEL		1 J. P. C. 87	ASSE	6
0.	ffice Address: 2023 E	BRANDON CROSSING C	RCLE	14	FIS	<b>3</b> [
	APT 30	04, BRANDON	Florida_	33511	ORIDI	3. L
		(City)		(Zip code)	1	
H de fu	esignated in this applica orther agree to comply w	cceptance: gistered agent and to accept so tion, I hereby accept the appoi ith the provisions of all statute with and accept the obligation	ntment as register es relative to the p	ed agent and a roper and com	agree to act in th iplete performan	is capacity.
			1		:	

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. DIRE	CTORS	•			
Chairman:	JEFF DIETZEL				
	P.O. BOX 1535	9	*****		<u> </u>
	VERADALE, WA 99037			[편 [편]	
Vice Chair	man: CHRISTINE DIETZEL		i de j		
	P.O. BOX 1535		<u> </u>	<u>                                     </u>	,
	VERADALE, WA 99037		<u>, * = 32 * *</u>	Ì.;	
Director:	DEENA JORDAN	2 - Carrier 1	<u> </u>	<u>                                     </u>	
	2828 CAMDEN PLACE			<u> </u>	
	BOISE, ID 83704		1. 12 No.	1 24 .	
Director:			<u> </u>		رغون . <u>محتد</u>
Address: _			By guijken — — —	1	
				F	<u> </u>
B. OFFI	CERS	 -			
	JEFF DIETZEL				
	P.O. BOX 1535	*			
	VERADALE, WA 99037			1:	
- Vice Presid	dent: JEFF DIETZEL	. <u></u>			#
	P.O. BOX 1535		4 :		
_	VERADALE, WA 99037			- A	
Secretary:	KIM DIETZEL		State of the state		
Address: _	P.O. BOX 1535, VERADALE, WA 9				
Treasurer:	KIM DIETZEL			in the second	
Address: _	P.O. BOX 1535, VERADALE, WA 9	<i>5</i> -			
_		<u>=</u> .			·
NOTE: 1	f necessary, you may attach an addendum to	The application	listing additional o	fficers and/or d	irectors.
13	Jeffy Well	/	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	· · · · · · · · · · · · · · · · · · ·	<u> </u>
. (	Signature of Chairman, Vice Chairm	ian, or any offic	er listed in number l	4	ation)
14JE	FF DIETZEL, CHAIRMAN (Typed or printed name and c		- 12 Mg		4



Secretary of State

I, Sam Reed, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

#### CERTIFICATE OF EXISTENCE/AUTHORIZATION

**OF** 

#### PEACE OF MIND MEDICAL, INC.

I FURTHER CERTIFY that the records on file in this office show that the above named profit corporation was formed under the laws of the State of Washington and was issued a Certificate of Incorporation in Washington on July 7, 2003.

I FURTHER CERTIFY that as of the date of this certificate, no Articles of Dissolution have been filed, and that the corporation is duly authorized to transact business in the corporate form in the State of Washington.

Date: September 16, 2003

STATE OF WASHINGTON 1889 1001

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital.

Sam Reed, Secretary of State

CALL STORE