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(Re	equestor's Name)	
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(Do	ocument Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	Certificates	of Status
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2005 MAY 19 PM 2: 56
DIYALLAHASSEE, FLORIDA

W05-24734

1 BANGE MAY 1 9 2005

TRANSMITTAL LETTER

	ation Section n of Corporations				
SUBJECT: _	MD JOHNSON	I, INC.			
	(Name of corpor	ration - must include suffix	()	
Dear Sir or Mad	am:				
	Existence," and chec		for Authorization to Trans to register the above refere		
Please return all	correspondence cor	ncerning this ma	atter to the following:	C3	
	MARK [D. JOHNSON			
———··	- - -	(Nam	e of Person)	F. 9. 3	<u> </u>
	MD JOI	HNSON, INC.		美元 5	5 E
	 	(Firm	/Company)	Strong	マル
	1110 S	TEVENSON AV	/E, SUITE 206	FLAS	ج.
		(A	Address)	927	2:156
	ENUM	CLAW, WA 986	022	DAY.	· •
		(City/St	ate and Zip code)	 -	
For further infor	mation concerning	his matter, plea	se call:		
MARK D. JOH	HNSON	at (360	825.1756		
(Name	of Person)		ea Code & Daytime Telep	hone Number)	
Registra Divisior 409 E. C	T ADDRESS: ation Section of Corporations Gaines St. ssee, FL 32399		MAILING A Registration Division of 0 P.O. Box 63 Tallahassee,	Section Corporations 27	
Enclosed is a ch	eck for the followin	g amount:			
Ø \$70.00 Filing		Filing Fee & cate of Status	☐ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee Certificate of Sta Certified Copy	



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

May 17, 2005

MARK D. JOHNSON MD JOHNSON, INC. 1110 STEVENSON AVE, SUITE 206 ENUMCLAW, WA 98022

SUBJECT: MD JOHNSON, INC. Ref. Number: W05000024734

PINSTER FLORIDAS

We have received your document for MD JOHNSON, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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) 245-6043.

Joey Bryan Document Specialist

Letter Number: 505A00035236



May 17, 2005

Registration Section State of Florida Division of Corporations 409 East Gaines Street Tallahassee, Florida 32399

RE: MD Johnson, Inc., Document W05000024734

Enclosed is the requested document with Mark D. Johnson's original signature.

Thank you for your help with this matter, and for the speed in which you were able to process our application.

Best wishes,

Kathy Corelia MD Johnson, Inc.

1110 Stevenson Avenue Suite 207 __ Enumclaw, Washington 98022

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.	MD JOHNSON, INC.
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")
	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
~	WASHINGTON 3 83-0403408
2.	(State or country under the law of which it is incorporated) (FEI number, if applicable)
4	JULY 1, 2004 5. PERPETUAL
4.	JULY 1, 2004 5. PERPETUAL (Duration: Year corp. will cease to exist or "perpetual")
6.	
٠.	(Date first transacted business in Florida, if prior to registration)
	(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7.	1110 STEVENSON AVENUE, SUITE 206, ENUMCLAW, WASHINGTON 98022 (Principal office address)
	SAME (Current mailing address)
	75 57 Sept. 57
8.	CONSULTING
	(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 NOT acceptable)
	Name: Ocen Tasini
O	ffice Address: 3rd Floor 660 U.S. High my one North Palm Buch, Florida 33438
	(City) (Zip code)

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 business addresses of officers and/or directors:

A. DIRECTORS
Chairman: MARK D. JOHNSON
Address: 1110 STEVENSON AVE, SUITE 206
ENUMCIAN, WA 980ZZ
Vice Chairman: SHAWNON L. JOHNSON
Address: 1110 STEVENSON AVE SUITE 206
ENUMCIAN, WA 980ZZ
Director:
Address:
長皇 妻 刊
Director:
Address:
7.5 C. 5
B. OFFICERS
President: MARK D. JOHNSON
Address: SAME
Address: VHIIIE
Vice President:
Address:
Secretary:
Address:
Treasurer: SHANNON L. JOHNSON
Address: SAME
NOTE: If notessary you may attach an addendum to the application listing additional officers and/or directors.
13. (Signature of Director or Officer listed in number 12 of the application)
14. MARK D. JOHNSON. PRESIDENT
(Typed or printed name and capacity of person signing application)



Secretary of State

I, SAM REED, Secretary of State of the State of Washington and custodian of its se issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION OF

MD JOHNSON, 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 WA and was issued a Certificate Of Incorporation in Washington on 7/1/2004.

I FURTHER CERTIFY that as of the date of this certificate, MD JOHNSON, INC. remains active and has complied with the filing requirements of this office.

Date: May 4, 2005

UBI: 602-408-866

STATE OF WASHINGTON 1889 NO.

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

Sam Reed, Secretary of State