

F05000005531

00799-04099-00671

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

F05-5531

(Document Number)

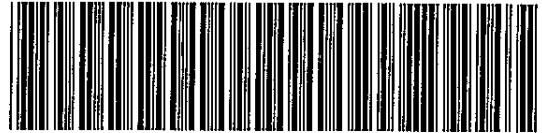
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05 SEP 27 PM 12:30

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TALLAHASSEE FLORIDA

W05-3/029



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

June 24, 2005

TELLY MEIER  
1800 RADISSON TOWER, 201 NORTH FIFTH STR  
T, P.O. BOX 2626  
FARGO, ND 58108-2626

SUBJECT: TRUECARE, INC.  
Ref. Number: W05000031029

We have received your document for TRUECARE, 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) 245-6020.

Tammi Cline  
Document Specialist

Letter Number: 805A00043186

***NILLES LAW FIRM***  
***ATTORNEYS AND COUNSELORS AT LAW***

Duane H. Ilvedson  
Robert L. Stroup, II  
E. Thomas Conmy, III  
Stephen W. Plambeck  
Gregory B. Selbo  
Patricia R. Monson\*  
Leo F. J. Wilking  
Richard Henderson\*  
Daniel J. Crothers  
William P. Harrie\*  
Mark R. Hanson\* •

1800 RADISSON TOWER  
201 NORTH FIFTH STREET  
POST OFFICE BOX 2626  
FARGO, NORTH DAKOTA 58108-2626  
(701) 237-5544  
Fax: (701) 280-0762  
www.nilleslaw.com

\*Also Licensed in Minnesota  
• Also Licensed in South Dakota  
+ Also Licensed in Montana

+H. Malcolm Pippin  
\*Douglas W. Gigler  
Andrew L.B. Noah  
\*Jacqueline S. Anderson  
\*Joel M. Fremstad  
Kirsti B. Hourigan  
\*Shanon M. Gregor  
\*Telly J. Meier  
\*Julie A. Passa

Timothy Q. Davies, Retired  
Russell F. Freeman, Retired

July 12, 2005

Registration Section  
Division of Corporations  
Corporate Records  
P.O. Box 6327  
Tallahassee, FL 32314

Re: TrueCare, Inc.  
Ref. Number: W05000031029  
Our File No. 05-101.001

This letter is in reference to TrueCare, Inc. Enclosed is the second page of the Application By Foreign Corporation for Authorization to Transact Business in Florida which you returned to me for a signature at number 13. Please note that Patricia Isaacson, the Secretary of TrueCare, Inc., has signed on the appropriate line. Please accept this in completion of TrueCare, Inc.'s, Application.

If you have any questions or concerns, please feel free to contact me.

Sincerely,



Telly J. Meier  
tmeier@nilleslaw.com

TJM/cw  
Enc.  
7/25/05



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

July 20, 2005

TELLY MEIER  
1800 RADISSON TOWER, 201 NORTH FIFTH STR  
T, P.O. BOX 2626  
FARGO, ND 58108-2626

SUBJECT: TRUECARE, INC.  
Ref. Number: W05000031029

We have received your document for TRUECARE, 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 name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name 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) 245-6967.

Michelle Hodges  
Document Specialist

Letter Number: 705A00047624

# Samuel A. Mutch, P.A.

Attorney and Counselor at Law

2114 NW 40<sup>th</sup> Terrace, Suite A-1  
Gainesville, Florida 32605-3592

Telephone (352) 378-5599  
Facsimile (352) 378-3388

SAMUEL A. MUTCH +  
SABINA TOMSHINSKY\*\*  
LAURA CHURCH\*\*\*

September 26, 2005

Michelle Hodges  
Document Specialist  
Florida Department of State  
Registration Section/Corporate Records  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Truecare, Inc.  
W05000031029

Dear Ms. Hodges:

Enclosed please find the signed Application by Foreign Corporation for Authorization to Transact Business in Florida for the above referenced corporation.

If you have any questions, please contact my office.

Sincerely,



Samuel A. Mutch

SAM/lsm

cc: Telly Meier  
Nilles Law Firm

Loren and Patty Isaacson

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Truecare, Inc.

(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Telly J. Meier

(Name of Person)

Nilles Law Firm

(Firm/Company)

1800 Radisson Tower, 201 N. 5th St., PO Box 2626

(Address)

Fargo, ND 58108

(City/State and Zip code)

For further information concerning this matter, please call:

Telly J. Meier

(Name of Person)

at ( 701 ) 237-5544

(Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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

**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. Truecare, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

A Note to Quote, Inc.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. North Dakota

(State or country under the law of which it is incorporated)

3. \_\_\_\_\_

(FEI number, if applicable)

4. March 24, 2005

(Date of incorporation)

5. perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. \_\_\_\_\_

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2767 112th Avenue NE, McVile, ND 58254-9522

(Principal office address)

\_\_\_\_\_  
(Current mailing address)

8. Author & distribute poems, stories, cards, invitations & other written materials and other business purposes.

(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: Sam Mutch

Office Address: 2114 NW 40th, Ter. #A1

Gainesville, Florida 32601  
(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:

FILED  
05 SEP 27 PM 12:39  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**A. DIRECTORS**

Chairman: Loren Isaacson

Address: 2767 112th Avenue N.E.

McVille, North Dakota 58254-9522

Vice Chairman: Patricia Isaacson

Address: 2767 112th Avenue N.E.

McVille, North Dakota 58254-9522

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Loren Isaacson

Address: 2767 112th Avenue N.E.

McVille, North Dakota 58254-9522

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: Patricia Isaacson

Address: 2767 112th Avenue N.E., McVille, North Dakota 58254-9522

Treasurer: Patricia Isaacson

Address: 2767 112th Avenue N.E., McVille, North Dakota 58254-9522

**NOTE:** If necessary, 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. Patricia Isaacson - Secretary

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



# *State of North Dakota*

## SECRETARY OF STATE



### CERTIFICATE OF GOOD STANDING OF

TRUECARE, INC.

The undersigned, as Secretary of State of the State of North Dakota, hereby certifies that TRUECARE, INC. , a North Dakota BUSINESS CORPORATION, was incorporated in this office on March 24, 2005 and, according to the records of this office as of this date, has paid all fees due this office as required by North Dakota statutes governing a North Dakota BUSINESS CORPORATION.

**ACCORDINGLY** the undersigned, as such Secretary of State, and by virtue of the authority vested in him by law, hereby issues this Certificate of Good Standing to

TRUECARE, INC.

Issued: June 7, 2005

A handwritten signature in cursive script, reading "Alvin A. Jaeger".

Alvin A. Jaeger  
Secretary of State