(Requestor's Name) (Address) 900058518799

(City/State/Zip/Phone #) D8/23/05--nini9--003 **78.75 PICK-UP WAIT MAIL

M. HUDGEA

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TRANSMITTAL LETTER

TO:	-	tion Section of Corporation	S						
		r							
SUBJECT: (Name of Corporation – must include suffix)									
Dear S	ir or Mada	m:							
Affairs	in Florida		Existence", and o	heck are su		ion to Conduct its er the above referenced			
Please	return all	orrespondence co	oncerning this ma	atter to the f	ollowing:				
		Alice	M. Albritton	n					
			(Name o	of Person)					
	National Jewish Medical and Research Center								
	(Firm/Company)								
	_	1400 Jackson Street, Room M116							
	_		(Ad	dress)					
		Denver	, CO 80206						
			(City/State a	and Zip Cod	e)				
For fu	ther inform	nation concerning	this matter, plea	se call:					
		Ibritton	at <u>(</u>	303	398-1094	ephone Number)			
1	(Name of I	Person)		(Area Cod	e & Daytime Tel	ephone Number)			
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399				MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314					
Enclos	ed is a che	ck for the followi	ng amount:						
□ \$70	0.00 Filing		5 Filing Fee & ficate of Status		Filing Fee & ied Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy			



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 24, 2005

ALICE M. ALBRITTON NATIONAL JEWISH MEDICAL AND RESEARCH CEN 1400 JACKSON STREET, ROOM M116 DENVER, CO 80206

SUBJECT: NATIONAL JEWISH MEDICAL AND RESEARCH CENTER

Ref. Number: W05000040177

We have received your document for NATIONAL JEWISH MEDICAL AND RESEARCH CENTER and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the corporation must contain a corporate suffix. This suffix may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate 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.

Letter Number: 005A00053764

Michelle Hodges Document Specialist

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314



Global Leader in Lung, Allergic and Immune Diseases

1400 Jackson Street
Denver, CO 80206
800.423.8891
303.388.4461
www.nationaljewish.org

#1 respiratory hospital in the U.S.

U.S. News & World Report

September 2, 2005

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

Subject: National Jewish Medical and Research Center

Ref. Number: W05000040177

Dear Sir or Madam:

As requested in your letter dated August 24, 2005 and per telephone conversation with "Diane" in our office, enclosed you will find a copy of your letter dated August 24, 2005 and the Application by Foreign Not for Profit Corporation for Authorization to Conduct is Affairs in Florida. The work **CORPORATION** has been added to our name.

If you should have any questions, please contact me at 303-398-1094.

Sincerely yours,

Alice M. Albritton

Bequests/Contracts Administrator 1400 Jackson Street, Room M116

alice M. albritton

Denver, CO 80206



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

September 7, 2005

ALICE M. ALBRITTON NATIONAL JEWISH MEDICAL AND RESEARCH CEN 1400 JACKSON STREET, ROOM M116 DENVER, CO 80206

SUBJECT: NATIONAL JEWISH MEDICAL AND RESEARCH CENTER

Ref. Number: W05000040177

We have received your document for NATIONAL JEWISH MEDICAL AND RESEARCH CENTER and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

You failed to make the correction(s) requested in our previous letter.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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.

Letter Number: 205A00055628

Michelle Hodges Document Specialist

Division of Corporations - P.O. BOX 6327 Tallahassas, Florida 32314

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

	STER A POREIGN NOT POR PROPIT CORPORATIO, STATE OF FLORIDA:	N FOR AUI	HORIZATION TO CONDO	CITISAFFA	IIKS IIV				
	National Jewish Medical and Research (Center Co	rporation						
I.	ne of corporation: must include the word "INCORPORATED	ስ የተመሰው ነው። የተመሰው ነው የተመሰው ነው የ	OP A TION!! or words or obbro						
impo in the	rt in language as will clearly indicate that it is a corporation e name at present. "Company" or "Co." may not be used as a	instead of a n corporate sui	atural person or partnership if fifix by a nonprofit corporation	not so containe	ed .				
	Colorado								
2. (Si	tate or country under the law of which it is incorporated)	-	4-2044647 (FEI number, if applicable) erpetua1						
1	October 30, 1899	P	erpetual						
4	(Date of Incorporation)	(Duration: Y	ear corp. will cease to exist or	"perpetual")					
6.									
(Date	e first conducted affairs in Florida if prior to registration. See se	ections 617.150	01 & 617.1502, F.S, to determin	ie penalty liabili	ity.)				
7	1400 Jackson Street, Denver, CO 80206								
(Principal office address)									
	1400 Jackson Street, Room M116, Denver	r, CO 80	206						
	(Current ma	iling address))						
8.	See attached Mission Statement			1					
(Purj	pose(s) of corporation authorized in home state or country to	be carried or	it in the state of Florida)	ACE OF					
9 Nan	ne and street address of Florida registered agent: (P.O. 1	Boy NOT ac	ecentable)	E SE					
7. 1 14411	George Grima, Regional Direct		ceptable)						
	Name: National Jewish Medical and F		Center Corporation	338 338	£				
	name.	_	÷	<u> </u>	П				
Office	Address: 7900 Glades Road, Suite 410			PH 12:	O				
		_		: 30 TATE)RIO					
	Boca Raton	, Florida	33434	Arn O					
	(City)		(Zip Code)						
10 R	egistered Agent's acceptance:								
Having	g been named as registered agent and to accept service	e of process	for the above stated corpor	ation at the p	lace				
design further	ated in this application, I hereby accept the appointm racree to comply with the provisions of all statutes re	ent as regist lative to the	ered agent and agree to act proper and complete perfo	in this capac rmance of my	rity. I duties				
and I a	r agree to comply with the provisions of all statutes re am familiar with and accept the obligations of my pos	ition es regi	stered agent.	munec of my	weilie 3,				
		•	· · · · · ·						
		//							
	and a	M-	~						
	(Registered Ae	ent's signature		_					
11. At	tached is a Certificate of Existence duly authenticated,	not more the	an 90 days prior to delivery	of this applie	ation to				
the	Department of State, by the Secretary of State or other is discountry and in the secretary of State or other is discountry and it is incorporated.	er official hav	ving custody of corporate re	cords in the	41101110				
سار	belowed and a die fair of which it is incorporated.								

.12. Names and addresses of officers and/or directors: A. DIRECTORS David H. Engleberg Chairman: 1400 Jackson Street Address: Denver, CO 80206 Steve Arent Vice Chairman: 1400 Jackson Street Address:_ Denver, <u>CO</u> 8020<u>6</u> Director: Address: Director:_ Address: **B. OFFICERS** Lynn M. Taussig, M.D. President: 1400 Jackson Street Address:_ Denver, CO 80206 Vice President: J. Verne Singleton 1400 Jackson Street Address: Denver, CO 80206 Christine Forkner Secretary: 1400 Jackson Street, Denver, CO 80206 Address: Treasurer:___ Address: 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) M. TAUSSIE President & CEO (Typed or printed name and capacity of person signing application)

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE

I, William A. Hobbs, as the Deputy Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

NATIONAL JEWISH MEDICAL AND RESEARCH CENTER

is a Nonprofit Corporation

formed or registered on 09/14/1978 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 19871355345 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 09/14/2005 that have been posted, and by documents delivered to this office electronically through 09/19/2005 @ 09:46:25.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 09/19/2005 @ 09:46:25 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 6305971.



William a. Hobbes

Deputy Secretary of State of the State of Colorado

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click Business Center and select "Frequently Asked Questions."