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| Special Instructions to Filin | g Officer: | , |
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

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COVER LETTER

| | Filing Se | ection orporations | | | | |
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| SURJECT: | Instit | ute for Environ | menta | al Health, Inc. | | |
| SCBSECT. | | | | tion - must include su | iffix) |) |
| Dear Sir or M | 1adam: | | | | | |
| | f Existen | ice," and check are sul | | | | act Business in Florida," need foreign corporation to |
| Please return | all corre | spondence concerning | this mat | ter to the following: | | |
| Kathleen | ı J. Mı | ırphy | | | | |
| | | | (Name | of Person) | | |
| Institute | for En | vironmental He | alth, l | nc. | | |
| | | | (Firm/ | Company) | | |
| 15300 Bo | othell \ | Way NE | | | | |
| | | | (A | ddress) | | |
| Lake For | est Pa | ark, WA 98155 | | · · · | | |
| | | (| (City/Sta | te and Zip code) | | |
| For further in | ıformatio | n concerning this mate | ter, pleas | e call: | | |
| Kathleen | J. Mu | rphy a | (406 | 6 , 459-2793 | | |
| (Nar | ne of Per | | | ea Code & Daytime T | elepl | hone Number) |
| STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | | MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | | | |
| Enclosed is a | check fo | or the following amoun | nt: | | | |
| \$70.00 Fil | ing Fee | \$78.75 Filing For Certificate of | | \$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 FLORIDE.

| (F : | | 7001 007 0. — |
|---|--|---|
| | rporation; must include "INCORPORATEI rp," "Inc," "Co," or "Corp.") | SECRETARY OF STATE TALLAHASSEE. FLORIDA |
| (If name unavaila | ble in Florida, enter alternate corporate nam | e adopted for the purpose of transacting business in Florida) |
| Washingto | n : | 26-0165433 |
| (State or country t | nder the law of which it is incorporated) | (FEI number, if applicable) |
| 12/18/2000 |) | _{s.} Perpetual |
| (Date | of incorporation) | (Duration: Year corp. will cease to exist or "perpetual") |
| Upon gran | ting of authority to transact | business. |
| | | in Florida, if prior to registration) 1502, F.S., to determine penalty liability) |
| 15300 Both | iell Way NE, Lake Forest F | Park, WA 98155 |
| | (Principal office ac | idress) |
| 15300 Both | nell Way NE, Lake Forest F | Park, WA 98155 |
| | of corporation authorized in home state or | ratory & any other lawful purpose |
| | address of Florida registered agent: (P | |
| | | |
| Name and stree | address of Florida registered agent: (P | |
| Name and stree | address of Florida registered agent: (P | .O. Box NOT acceptable) |
| . Name and stree | address of Florida registered agent: (PINCorp Services, Inc. 17888 67th Court North | .O. Box NOT acceptable) |
| Name and stree Name: Office Address: O. Registered ag Having been name lesignated in this urther agree to co | address of Florida registered agent: (PINCorp Services, Inc. 17888 67th Court North Loxahatchee (City) ent's acceptance: and as registered agent and to accept serupplication, I hereby accept the appoint | O. Box NOT acceptable) , Florida 33470 (Zip code) vice of process for the above stated corporation at the plantment as registered agent and agree to act in this capacity relative to the proper and complete performance of my deposition as registered agent. |

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 | EU co | | | | |
|--|---|--|--|--|--|
| Chairman: Mansour Samadpour | FILED | | | | |
| Address: 16810 Shore Drive NE | 2001 OCT 24 P 4: 20 | | | | |
| Lake Forest Park, WA 98155 | SECRETARY OF STATE | | | | |
| Vice Chairman: Dalia Alfi | TALLAHASSEE, FLORIDA | | | | |
| Address: 16810 Shore Drive NE | , | | | | |
| Lake Forest Park, WA 98155 | | | | | |
| Director: Mansour Samadpour | | | | | |
| Address: 16810 Shore Drive NE | | | | | |
| Lake Forest Park, WA 98155 | | | | | |
| Dalia Alfi | | | | | |
| Address: 16810 Shore Drive NE | | | | | |
| Lake Forest Park, WA 98155 | | | | | |
| B. OFFICERS | | | | | |
| President: Mansour Samadpour | | | | | |
| Address: 16810 Shore Drive NE | | | | | |
| Lake Forest Park, WA 98155 | | | | | |
| Vice President: Dalia Alfi | | | | | |
| Address: 16810 Shore Drive NE | | | | | |
| Lake Forest Park, WA 98155 | | | | | |
| Secretary: Dalia Alfi | | | | | |
| Address: 16810 Shore Drive NE, Lake Forest Park, WA 98155 | | | | | |
| Treasurer: Dalia Alfi | | | | | |
| Address: 16810 Shore Drive NE, Lake Forest Park | k, WA 98155 | | | | |
| · | | | | | |
| 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 | ber 12 of the application) | | | | |
| Dalia Alfi - Vice 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 seal, hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION OF

INSTITUTE FOR ENVIRONMENTAL HEALTH 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 12/18/2000.

I FURTHER CERTIFY that as of the date of this certificate, INSTITUTE FOR ENVIRONMENTAL HEALTH INC. remains active and has complied with the filing requirements of this office.

Date: October 18, 2007

UBI: 602-084-757

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

Sam Reed, Secretary of State



MARKE.