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Florida Department of State
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

2008 MAR -5 AM 11:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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May #2948

FOREIGN PROFIT/NONPROFIT CORPORATION

MOLINA HEALTHCARE, INC.

Certificate of Status	0
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J. Shivers MAR 06 2007

**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. Molina Healthcare, Inc.

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

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

2. Delaware

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

3. 13-4204626

(FBI number, if applicable)

4. 07/24/2002

(Date of incorporation)

5. perpetual

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

6. upon filing

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

7. 200 Oceangate, Suite 100, Long Beach, CA 90802

(Principal office address)

2277 Fair Oaks Blvd. #440, Sacramento, CA 95825

(Current mailing address)

8. healthcare

(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: **Corporation Service Company**

Office Address: **1201 Hays Street**

Tallahassee

(City)

Florida 32301

(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.

Corporation Service Company

By: Jerome L. Suarez

(Registered agent's signature)

Jerome L. Suarez, Asst. Secretary

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.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: see attached

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Mark L. Andrews
(Signature of Director or Officer listed in number 12 of the application)

14. Mark L. Andrews, Secretary
(Typed or printed name and capacity of person signing application)

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12.

Joseph M. Molina, M.D., President/Chairman
200 Oceangate, Suite 100, Long Beach, California 90802

John C. Molina, Chief Financial Officer/Director
200 Oceangate, Suite 100, Long Beach, California 90802

Terry Bayer/Chief Operating Officer
200 Oceangate, Suite 100, Long Beach, California 90802

Mark L. Andrews, Secretary
2277 Fair Oaks Blvd. #440
Sacramento, CA 95825

Charles Z. Fedak, CPA, Director
6081 Orange Avenue, Cypress, California 90630

Frank B. Murray, M.D., Director
41406 Stone Bridge Road, Big Bear Lake, California 92315

Sally Richardson, Director
3110 Mac Circle Ave., S.E., Charleston, West Virginia 25304

Ronna Romney, Director
49115 Rainbow Lane South
Northville, Michigan 48168
and
3550 Mistletoe Lane
Longboat Key, FL 34228

John Szabo, Director
16 School Street, Second Floor, Rye, New York 10580

Steven Orlando, CPA, Director
690 Coronado Boulevard, Sacramento, California 95864

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MOLINA HEALTHCARE, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTH DAY OF MARCH, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MOLINA HEALTHCARE, INC." WAS INCORPORATED ON THE TWENTY-FOURTH DAY OF JULY, A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.



3551135 8300

090282418

You may verify this certificate online
at corp.delaware.gov/authver.shtml

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6425807

DATE: 03-04-08

MAR. 6 2008 10:36AM

C S C

NO. 164 P. 7



2277 Fair Oaks Boulevard, Suite 440
Sacramento, CA 95825
916•646•9193 916•646•4572 fax

March 5, 2008

Florida Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Re: Molina Healthcare, Inc.

Dear Sir/Madam:

The undersigned, a duly authorized officer of Molina Healthcare of Florida, Inc., on behalf of Molina Healthcare of Florida, Inc. hereby states that Molina Healthcare of Florida, Inc. is 100% wholly owned by Molina Healthcare, Inc.

Sincerely,

Thomas M. Standing
Assistant Secretary