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TALLAHASSEE, FLORIDA

EP 12/17/08

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** MedCure, 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:

Mark L. Huglin

(Name of Person)

Draneas & Huglin, P.C.

(Firm/Company)

4004 Kruse Way Place, Ste 200

(Address)

Lake Oswego, OR 97035

(City/State and Zip code)

For further information concerning this matter, please call:

Mark L. Huglin

(Name of Person)

at ( 503 ) 496-5500

(Area Code & Daytime Telephone 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 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. MedCure, 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)

2. Oregon

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

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

(FEI number, if applicable)

4. 12/12/05

(Date of incorporation)

5. Perpetual

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

6. 1/1/09

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

7. 12013 NE Marx St., Portland, OR 97220

(Principal office address)

P.O. Box 55730, Portland, OR 97238

(Current mailing address)

8. Medical research and training.

(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: BlumbergExcelsior Corporate Services, Inc.

Office Address: 515 East Park Avenue

Tallahassee

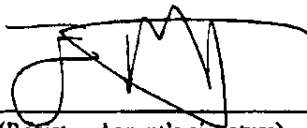
(City)

, 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.*



(Registered agent's signature)

Jose Mojica, Assistant 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.

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

A. DIRECTORS

Chairman: David Urbina

Address: P.O. Box 55730  
Portland, OR 97238

Vice Chairman: Janis Locenieks

Address: P.O. Box 55730  
Portland, OR 97238

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

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

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

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

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TALLAHASSEE, FLORIDA

B. OFFICERS

President: David Urbina

Address: P.O. Box 55730  
Portland, OR 97238

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

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

Secretary: Janis Locenieks

Address: P.O. Box 55730, Portland, OR 97238

Treasurer: \_\_\_\_\_

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

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

13. [Signature] JANIS LOCENIEKS  
(Signature of Director or Officer listed in number 12 of the application)

14. Janis Locenieks  
(Typed or printed name and capacity of person signing application)

CERTIFICATE

# State of Oregon

OFFICE OF THE SECRETARY OF STATE  
Corporation Division

I, BILL BRADBURY, Secretary of State of Oregon, and Custodian of the Seal of said State, do hereby certify:

**MEDCURE, INC.**

was

incorporated

under the Oregon

**Business Corporation Act**

on

**December 22, 2005**

and is active on the records of the Corporation Division as of  
the date of this certificate.

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TALLAHASSEE, FLORIDA



In Testimony Whereof, I have hereunto set  
my hand and affixed hereto the Seal of the  
State of Oregon.

BILL BRADBURY, Secretary of State

By

A handwritten signature in cursive script, reading "Marilyn R. Smith", written over a horizontal line.

Marilyn R. Smith

December 8, 2008