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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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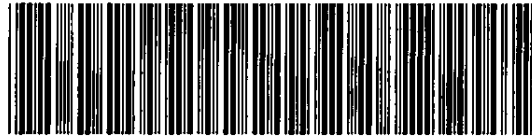
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: BREAST FRIENDS CORPORATION
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Good Standing" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

BECKY OLSON

Name of Person

BREAST FRIENDS CORPORATION

Firm/Company

14050 SW Pacific Hwy, Suite 201

Address

PORTLAND, OR 97224

City/State and Zip Code

olson.becky@comcast.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BECKY OLSON

Name of Person

at (503) 598-8048

Area Code & Daytime Telephone Number

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

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 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:

1. BREAST FRIENDS CORPORATION
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
2. OREGON
(State or country under the law of which it is incorporated)
3. _____
(FEI number, if applicable)
4. 12/29/2000
(Date of Incorporation)
5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")
6. Jan 1, 2010
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine penalty liability.)
7. 14650 SW PACIFIC HWY, #201 PORTLAND, OR 97234
(Principal office address)

SAME

(Current mailing address)

- OUR MISSION IS TO HELP WOMEN SURVIVE THE TRAUMA OF BREAST CANCER BY OFFERING SUPPORT SERVICES TO HELP MINIMIZE THE EMOTIONAL IMPACT OF THEIR DIAGNOSES. WE ALSO TEACH FRIENDS & FAMILY HOW TO HELP SUPPORT THE CANCER PATIENT.
8. _____
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: SHERRY PALMER

Office Address: 1309 S. BABCOCK ST. #148

Melbourne, Florida 32901
(City) (Zip Code)

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TALLAHASSEE, FLORIDA

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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.

Sherry Palmer
(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 addresses of officers and/or directors:

A. DIRECTORS

ALL ATTACHED for complete
LIST OF BOARD MEMBERS

Chairman: SHARON HENIFIN & BECKY OLSON

Address: 14050 SW Pacific Hwy #201 PORTLAND, OR 97224

Vice Chairman: N/A

Address:

Director: TAMARA J. KOEDOOT

Address: 14050 SW Pacific Hwy #201 PORTLAND, OR 97224

Director: KRISTEN JAMES

Address: 14050 SW Pacific Hwy #201 PORTLAND, OR 97224

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TALLAHASSEE, FLORIDA

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B. OFFICERS

President: BECKY OLSON

Address: W- 14050 SW Pacific Hwy #201 PORTLAND, OR 97224
N- 14785 CALSWAD DR BEAVERTON, OR 97007

Vice President: N/A

Address:

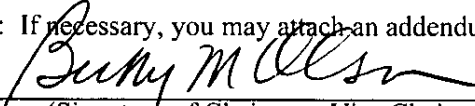
Secretary: GIA GILMOUR

Address: 14050 SW Pacific Hwy #201 PORTLAND, OR 97224

Treasurer:

Address:

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

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. BECKY OLSON
(Typed or printed name and capacity of person signing application)

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AND
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Logout
Becky Olson

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Linear Listing with Addresses, "(Board Members)"

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name/Address	Business Phone	Mobile Phone	Home Phone	Fax	Email
Gia and Duane Gilmour (1670) 9815 SW Red Rock Way Beaverton, OR 97007-8767 USA		(503)866-3707 (best)	(503)213-4416		giagil@verizon.net
Sharon & Vern Henifin (600) 14325 SW Fanno Creek Loop Tigard, OR 97224	(503)598-8048	(503)349-3846	(503)624-4881		sharonhenifin@aol.com
Charmaine Houriet (3102) NW Cancer Specialists 9555 SW Barnes Rd Ste 150 Portland, OR 97225-6691 USA	503-291-6227	503-432-5489			charmaine.houriet@usoncology.com
Kristen Janes (3843) 5002 SW Humphrey Park Rd Portland, OR 97221-2352 USA		503-703-1716		503-292-7477	jkbjanes@msn.com
Tamara Joy Koedoot (1161) 12445 SW Park Way Portland, OR 97225-5423 USA		(503)734-6403	(503)520-0470		tkoedoot@pru-nw.com
Carrie & David Koop (2375) 671 50th Ave NW Salem, OR 97304-3228 USA		503-442-2440	503 554 8974		carrie@kcsllc.us
Becky & Bill Olson (605) 14785 SW Carlsbad Dr Beaverton, OR 97007-5927 USA		(503)309-8188	(503)626-8188		olsonbecky@comcast.net
Devon Webster, M.D. (1274) 7438 SW Capitol Hwy Portland, OR 97219-2433 USA		503-997-7310	503-892-9673		devonweb@gmail.com

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Current
Board members (all 8)

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AND
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CERTIFICATE

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State of Oregon

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OFFICE OF THE SECRETARY OF STATE
Corporation Division

I, KATE BROWN, Secretary of State of Oregon, and Custodian of the Seal of said State, do hereby certify:

BREAST FRIENDS

was

incorporated

under the Oregon

Nonprofit Corporation Act

on

December 29, 2000

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



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

KATE BROWN, Secretary of State

By

Marilyn R. Smith

Marilyn R. Smith

March 8, 2010