

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Alliance for a Healthier Generation, Inc.
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:

George E. Miller, Esq.
Name of Person

Nonprofit Service Group
Firm/Company

200 North Glebe Road, Suite 315
Address

Arlington, VA 22203
City/State and Zip Code

gmiller@nonprofitserv.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

George E. Miller, Esq. at (703) 528-7525 ext. 1
Name of Person 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

FILED
12 JAN 27 PM 4: 29
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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. Alliance for a Healthier Generation, Inc.
(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. Arkansas 3. 27-2028308
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 02/22/2010 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. N/A
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 606 SE Ninth Avenue, Portland, OR 97214
(Principal office address)

606 SE Ninth Avenue, Portland, OR 97214
(Current mailing address)

8. To create a healthier generation by addressing childhood obesity
(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: NRAI Services, Inc.

Office Address: 515 East Park Avenue

Tallahassee, Florida 32301
(City) (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 Castellanos, 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.

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: David Faxon, MD

Address: 606 SE Ninth Avenue, Portland, OR 97214

Vice Chairman: Bruce R. Lindsey

Address: 606 SE Ninth Avenue, Portland, OR 97214

Director: William J. Bryant

Address: 606 SE Ninth Avenue, Portland, OR 97214

Director: Scott M. Curran

Address: 606 SE Ninth Avenue, Portland, OR 97214

B. OFFICERS

President: David Faxon, MD

Address: 606 SE Ninth Avenue, Portland, OR 97214

Vice President: _____

Address: _____

Secretary: David Faxon, MD

Address: 606 SE Ninth Avenue, Portland, OR 97214

Treasurer: Julie Satterwhite

Address: 606 SE Ninth Avenue, Portland, OR 97214

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

13. Julie Satterwhite, COO/CFO
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



**Arkansas Secretary of State
Mark Martin**

State Capitol Building ♦ Little Rock, Arkansas 72201-1094 ♦ 501-682-3409

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Certificate of Good Standing

I, Mark Martin, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show

ALLIANCE FOR A HEALTHIER GENERATION, INC.

authorized to transact business in the State of Arkansas as a Non-Profit Corporation, filed Articles of Incorporation in this office February 22, 2010.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.



In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 12th day of January 2012.

Mark Martin

Mark Martin
Secretary of State

Online Certificate Authorization Code: 5b420f5c3289f1f

To verify the Authorization Code, visit sos.arkansas.gov