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Florida Department of State

Division of Corporations
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To: Division of Corporations 002605. 161456

Fax Number : (850)617-6381

From:

Account Name : CORPDIRECT AGENTS, INC.

Account Number : 110450000714
Phone : (850)222-1173
Fax Number : (850)224-1640

Email Address:

FOREIGN PROFIT/NONPROFIT CORPORATION CASCADE MEDICAL SUPPLY, INC.

Certificate of Status	0
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SECRETARY OF STATE
TALL ARRESTS FOR FROM

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COVER LETTER

TO: New Filing Section Division of Corporations								
SUBJECT: CASCADE MEDICAL SUPPLY, INC.								
Name of corporation - must include suffix								
Dear Sir or Madam:								
The enclosed "Application by Fereign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" 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:								
Peter F. Souza								
Name of Person								
NRAi Corporate Services, LLC								
Firm/Company								
10100 West Sample Road, Suite 101								
10100 West Sample Road, Suite 101 Address								
Corel Springs, FL 33085								
City/State and Zip code								
psouze@nrel.com								
H-mail address: (to be used for future annual report notification)								
10100 West Sample Road, Suite 101 Address Corel Springs, FL 33085 City/State and Zip code psouze@nral.com E-mail address: (to be used for future annual report notification) Por further information concerning this matter, please call:								
Peter F. Souza at (877) 261-6823 X 1759								
Name of Person 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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314								
Enclosed is a check for the following amount:								
0.00 Filing Fee S78.75 Filing Fee & S78.75 Filing Fee & Certified Copy Certificate of Status & Certified Copy								

Ö,

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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.

	ICAL SUPPLY, INC.			_	_
(Enter name of cor "Inc.," "Co.," "Cor	poration; must include "INCORPORAT p," "Inc." "Co," or "Corp.")	ED,	" "COMPANY," "CORPORATION,"		
(If name unavallat	ole in Florida, enter alternate corporate na	ıme	adopted for the purpose of transacting business	in Florida	5
Washington	Washington -		90-0036192		
	nder the law of which it is incorporated)		(FEI number, If applicable)		
10/31/2001		٤.	Perpetual		
	of incorporation)		(Duration: Year corp. will cease to exist or "p	erpetuai")	-
	(Date first transacted busin (SEE SECTIONS 607.1501 & 60	265 17.1	n Florida, if prior to registration) 502, P.S., to determine penalty (lability)		_
4345 SOUTHPO	INT BLVD., JACKSONVILLE, FL 322	16		_	
	(Principal office	ado	ircss)		-
4345 SOUTHPO	INT BLVD., JACKSONVILLE, FL 32	216	1		
	(Current mailing	edo	iress)	-	_
	y lawful act or activity permitted by la				_# <u>*</u>
(Purpose(s)	of corporation authorized in home state	or c	ountry to be carried out in state of Florids)		
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)		G	主义		
Name:	NRAI Services, Inc.			교	
	816 East Park Avenue	-		2	Harris (Marie)
office Address:	510 EBSI FAIR AVAILUB	_	· ·	<u> </u>	200 (A)
	Tallahassee		. Plorida 32301	₩	
	(City)		(Zip code)	ၽ	4577
Taving been name lesignated in this Turther agree to co and I am familiar	application, I hereby accept the appe	ini tes	ice of process for the above stated corporat ment as registered agent and agree to act it relative to the proper and complete perform osition as registered agent.	ı tiriz cap	acity.

Peter F. Souza, 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.

(Registered agent's signature)

H120000397203

12. Names and business addresses of officers and/or directors:		
A, DIRECTORS		
Chelman:		
Address;		
Vice Chairman:	<u> </u>	
Address:		<u> </u>
	_ 	
Director: David M. Bronson		
Address: 4345 Southpoint Boulevard, Jacksonville, Florida 32216	<u></u>	
Director: Andrew E. Behrends	,.	
Address: 4345 Southpoint Boulevard, Jacksonville, Florida 32216		_
B. OFFICERS President: Mark Steele	the same of	ब्ल
Address: 4345 Southpoint Boulevard, Jacksonville, Florida 32216	اند. اند	28
	<u> </u>	
Vice President: David M. Bronson	ယ	
Address: 4345 Southpoint Boulevard, Jacksonville, Florida 32216	Ī	3.45
4345 Southpoint Boulevard, Jacksonville, Florida 32216		
Socretary:	<u> ယ</u>	
Address:		
Treasurer: & VP - David D, Klarner		
Address: 4345 Southpoint Boulevard, Jacksonville, Florida 32216		··-
NOTE: If necessary you may attach an addendum to the application listing additional officers and/	or directors	•
(Signature of Director or Officer listed in number 12 of the application)		
14. David D. Klamer, VP / Treasurer		-
(Typed or printed name and capacity of person signing application)		

(N) (N) (N)

11120000397203

The State of Washington

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 CASCADE MEDICAL SUPPLY, 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 10/31/2001.

I FURTHER CERTIFY that as of the date of this certificate, CASCADE MEDICAL SUPPLY,

1NC, remains active and has complied with the filing requirements of this office.

Date: February 10, 2012

UBI: 602-158-743

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Given under my hand and the Scal of the State of Washington at Olympia; the State Capital

Sani Reed. Secretary of State