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(Requestor's Name)							
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(Address)							
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PICK-UP WAIT MAIL.							
(Business Entity Name)							
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COVER LETTER

	Filing Section ion of Corporations			
SUBTRAT.	Twilightliving.com Ir	nc.		
SUBJECT.		orporation - mus	st include suffix	
Dear Sir or M	adam:			
"Certificate o	"Application by Foreign Corpo f Existence," or "Certificate of Coced foreign corporation to trans	Good Standing"	and check are subm	
Please return	all correspondence concerning t	this matter to the	following:	
Jolene M	athews			
		Name of Person	n	
CQuenc	e Health Group			
		Firm/Company		
13808 F	St			
Omaha, i	St NE 68137	Address		Mention of George
	C @cquencehealth.com	ity/State and Zip	ocode	
		be used for fut	ure annual report no	tification)
For further in	formation concerning this matte	er, please call:		
Jolene Ma	athews at	(402) 7	58-2649	
Nam	e of Person	Area Code	58-2649 & Daytime Telephor	ne Number
New Divis Clifto 2661	EET/COURIER ADDRESS: Filing Section ion of Corporations on Building Executive Center Circle hassee, FL 32301		MAILING AD New Filing Sec Division of Cor P.O. Box 6327 Tallahassee, FL	tion porations
	check for the following amount	: .		<u>.</u>
✓ \$70.00 F	Filing Fee \$78.75 Filing Fe Certificate of St		75 Filing Fee & tified 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. Twilightliving:					
(Enter name of c	orporation; must include "INCORPORATI orp," "Inc," "Co," or "Corp.")	ED,	" "COMPANY," "CORPORATION,"		
(If name unavails	able in Florida, enter alternate corporate na	ıme	adopted for the purpose of transacting business in Flo	orida)	
2. Washington		3.	3. 91-2008863		
(State or country	under the law of which it is incorporated)	•	(FEI number, if applicable)		
		5.	5. Perpetual		
(Date	of incorporation)		(Duration: Year corp. will cease to exist or "perpet	ual")	
6				***	
	(Date first transacted busine (SEE SECTIONS 607.1501 & 60	ss i 7.1.	n Florida, if prior to registration) 502, F.S., to determine penalty liability)		
_{7,} <u>13808 F St</u>	Omaha, NE 68137				
	(Principal office	add	ress)		
Same	(Current mailing				
(Purpose(s		or co	ute care providers for transitional operation to be carried out in state of Florida) D. Box NOT acceptable)	eare	
Name:	NRAI Services Inc		*	12 S	
Office Address:	515 East Park Avenue		<u> </u>	VISION OF CORPORAL P2 SEP 20 AM 10:	
	Tallahassee		, Florida 32301	0 2	
	(City)		(Zip code)	圣 PC	
	ent's acceptance:				
lesignated in this further agree to co	application, I hereby accept the appoi	intr es r	ce of process for the above stated corporation a nent as registered agent and agree to act in this relative to the proper and complete performance sition as registered agent.	capacity. I	
•	Dis Wila Malla	!_	a Metzger, 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.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Mike Cassling Address: 13808 F St Omaha, NE 68137 Vice Chairman: Steve Chambers Address: <u>138</u>08 F St Omaha, NE 68137 Director: Paul Hogan Address: 1633 Westlake Ave N Ste 170 Seattle, WA 98109 Director: Kyle Salem Address: 13808 F St Omaha, NE 68137 **B. OFFICERS** President: Mike Cassling Address: 13808 F St Omaha, NE 68137 Vice President: Brant Castellow Address: 13808 F St Omaha, NE 68137 Secretary: Steve Chambers Address: 13808 F St Omaha, NE 68137 Treasurer: Steve Chambers, CFO Address: 13808 F St Omaha, NE 68137 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. 14. Steven R Chambers, CFO

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

B. OFFICERS

VP, Marketing: Lindsay Cosimano

Address:

13808 F St

Omaha, NE 68137

VP, Prod Org: Patrick Yee

Address:

1633 Westlake Ave N Ste 170

Seattle, WA 98109





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 TWILIGHTLIVING.COM, 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 10/13/1999.

I FURTHER CERTIFY that as of the date of this certificate, TWILIGHTLIVING.COM, INC. remains active and has complied with the filing requirements of this office.

Date: August 21, 2012

UBI: 601-986-379

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

- HARRY

Sam Reed, Secretary of State



WORK.