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TALLAHASSEE FLORIDA

VH

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Children's Hospital Colorado 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 Status" 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:

Amber Brand

Name of Person

Children's Hospital Colorado Corporation

Firm/Company

13123 E. 16th Ave

B120

Address

Aurora, CO 80045

City/State and Zip Code

amber.brand@childrenscolorado.org

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

For further information concerning this matter, please call:

Amber Brand

Name of Person

at (720) 777-2723

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:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input checked="" type="checkbox"/> \$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. **Children's Hospital Colorado 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. **Colorado**

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

3. **84-0166760**

(FEI number, if applicable)

4. **5/9/1908**

(Date of Incorporation)

5. **Perpetual**

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

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

7. **13123 E. 16th Ave, B120 Aurora, CO 80045**

(Principal office address)

13123 E. 16th Ave, B120 Aurora, CO 80045

(Current mailing address)

8. **To perform laboratory testing for the State of Florida**

(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: **National Registered Agents, Inc.**

Office Address: **1200 South Pine Island Road, Suite 1000**

Plantation, Florida **33324**

(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.

NRA SERVICES, INC.

Larita Parney, Assistant Secretary
(Registered agent's signature)

(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.

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12. Names and addresses of officers and/or directors

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Mark A. Lovell, M.D.

Address: 13123 E. 16th Ave, B120

Aurora, CO 80045

Director: Robert B. Carpenter

Address: 13123 E. 16th Ave, B120

Aurora, CO 80045

B. OFFICERS

President: James E. Shmerling, DHA, FACHE

Address: 13123 E. 16th Ave

Aurora, CO 80045

Vice President: Jena Hausmann, COO

Address: 13123 E. 16th Ave

Aurora, CO 80045


Secretary: N/A

Address: _____

Treasurer: Jeff Harrington, CFO

Address: 13123 E. 16th Ave, Aurora, CO 80045

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. Robert B. Carpenter, Director
(Typed or printed name and capacity of person signing application)

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OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO SECRETARY OF STATE
TALLAHASSEE FLORIDA

CERTIFICATE

I, Scott Gessler, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Children's Hospital Colorado

is a **Nonprofit Corporation** formed or registered on 05/09/1908 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 19871047147.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 03/21/2013 that have been posted, and by documents delivered to this office electronically through 03/22/2013 @ 14:36:28.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 03/22/2013 @ 14:36:28 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 8495205.



Secretary of State of the State of Colorado

*****End of Certificate*****

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click Business Center and select "Frequently Asked Questions."