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COVER LETTER

	Filing Section sion of Corporations		
SUBJECT:	Clarity Health Services	s, Inc.	
SUDJECT:		on - must include suffix	
Dear Sir or N	∕ladam:		
"Certificate of	I "Application by Foreign Corporation for Existence," or "Certificate of Good Stanced foreign corporation to transact busing	anding" and check are submitte	
	all correspondence concerning this matt	ter to the following:	
Debora	h Lindgren		
		of Person	
Clarity	Health Services, Inc.		
	Firm/Co	ompany	
.2125 W	estern Ave Suite 500		
Seattle	, WA 98121	dress	
	City/State	and Zip code	జెట్ట చ
dlindgre	n@clarityhealth.com		
	E-mail address: (to be used	d for future annual report notifi	cation)
For further in	nformation concerning this matter, please	e call:	OF STATE
Debora	h Lindgren at (206	, 257-2799)
Nan		a Code & Daytime Telephone N	Number
New Divis Clift 2661	EET/COURIER ADDRESS: Filing Section sion of Corporations on Building Executive Center Circle shassee, FL 32301	MAILING ADDR New Filing Section Division of Corpor P.O. Box 6327 Tallahassee, FL 32	ations
Enclosed is a	check for the following amount:		
■ \$70.00 Fi	iling 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 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.

2. WA (State or country under the law of which it is incorporated) 4. 7/2007 (Date of incorporation) 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual") 6. (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 2125 Western Ave Suite 500, Seattle, WA 98121 (Principal office address) 2125 Western Ave Suite 500, Seattle, WA 98121 (Current mailing address) 8. Electronic medical referral service. (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Name: See attached Office Address: (City) 7. Florida (Zip code)		·	adopted for the purpose of transacting busines	ss in Florida)	_
4. 7/2007 (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 2125 Western Ave Suite 500, Seattle, WA 98121 (Principal office address) 2125 Western Ave Suite 500, Seattle, WA 98121 (Current mailing address) 8. Electronic medical referral service. (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: See attached Office Address: (City) (Ci	Z		26-0276073		_
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 2125 Western Ave Suite 500, Seattle, WA 98121 (Principal office address) 2125 Western Ave Suite 500, Seattle, WA 98121 (Current mailing address) 8. Electronic medical referral service. (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: See attached Office Address: (City)	•	inder the law of which it is incorporated)	(FEI number, if applicable)		
(City) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office address) 2125 Western Ave Suite 500, Seattle, WA 98121 (Current mailing address) 8. Electronic medical referral service. (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: See attached Office Address: (City) (City			_{5.} perpetual		_
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(City) (Zip code)	(Purpose(s)	of corporation authorized in home state or co	ountry to be carried out in state of Florida)	<u> </u>	ند. در
(City) (Zip code)	9. Name and street	t address of Florida registered agent: (P.	O. Box NOT acceptable)	jaga kar Maria da Maria da	-
(City) (Zip code)	Nomo	See attached			<u> </u>
(City) (Zip code)	name.				- ס־
(City) (Zip code)	Office Address:			OS:	
(City) (Zip code)			Elouido		ហ
		(City)		Es	చు
		, <u>.</u>			
10. Registered agent's acceptance:		ent's acceptance:		4. 4.4	
Having been named as registered agent and to accept service of process for the above stated corporation at the plac designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity	-	_	uce of process for the above statea corpo		
further agree to comply with the provisions of all statutes relative to the proper and complete performance of my	Having been name	ed as registered agent and to accept serv		et in this can	acity

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.

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.

(If name unavails	able in Florida enter alternate comorate name ac	dopted for the purpose of transacting business in Florida	<u> </u>
			,
(Chata and a soundary	3	(FEI number, if applicable)	_
,	- · · · · · · · · · · · · · · · · · · ·		
/Data	55.	(Duration: Year corp. will cease to exist or "perpetual"	_
(Date	of meorporation)	(Diffation, Teal corp. will cease to exist of perpendic	,
	(Date first transacted business in	Elacida if prior to registration	
	(SEE SECTIONS 607.1501 & 607.150		
·	(Principal office addre	ess)	_
	(Current mailing addre	ess)	
·) of corporation authorized in home state or cou		
(Purpose(s	of corporation authorized in home state or cou	ntry to be carried out in state of Florida)	
. Name and stree	et address of Florida registered agent: (P.O	Box NOT acceptable)	
Name:	Corporation Service Company	에 (4년 년) 원조	
	1201 Hays Street		
Office Address:		— 500 AR	· -
	Tallahassee (City)	, Florida	
		(Zip code)	

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: See Attached	*** · · · · · · · · · · · · · · · · · ·	
Address:		
Vice Chairman:		
Address:		
Director:		
Address:		
Director:		
Address:		
B. OFFICERS		
President:		
Address:		
	AN SECTION OF THE SEC	<u>ವ</u>
Vice President:	<u> </u>	
Address:	현(의 원건)	0 9
	표현 유원	
Secretary:	듔	ទី
Address:		
Treasurer:		
Address:		
NOTE: If necessary, you may attach an addendum to the application listing add	litional officers and/or directors	
13.		
The officer or director signing this document (and who is listed in number 12 ab are true and that he or she is aware that false information submitted in a docume a third degree felony as provided for in s.817.155, F.S.	ove) affirms that the facts stated int to the Department of State cor	herein istitutes

Clarity Health Services, Inc.

A. Directors:

Executive Chairman: Peter Gelpi

7219 Ledroit Ct SW, Seattle, WA 98136

Director: Dan Baty

1910 Fairview Ave E Suite 200, Seattle, WA 98102

Director: Alan Higginson

2909 4th Ave W, Seattle, WA 98119

Director: Robert Wardrop

237 Chemin des Lanchettes, Chamonix, France, 74400

B. Officers:

Chief Executive Officer: William Bunker

7319 Mercer Terrace Dr., Mercer Island, WA 98040

Vice President:

Connie Smith

46504 276th Ave SE, Enumclaw, WA 98022

Vice President:

Eric Bean

5590 178th Ave SE, Bellevue, WA 98006

Secretary:

Jeff Groh

7536 92nd Ave SE, Mercer Island, WA 98040

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UNITED STATES OF AMERICA The State of Washington

Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION OF CLARITY HEALTH SERVICES 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 7/1/2007.

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

Date: May 30, 2013

UBI: 602-731-646

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

Kim Wyman, Secretary of State

