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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

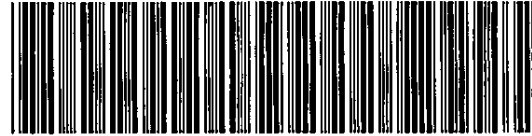
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
FILED

1/11

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: St Laurent Institute

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:

Daniel Myers-Power

Name of Person

St Laurent Institute

Firm/Company

120 NE 136th Ave Ste 200

Address

Vancouver, WA 98684-6964

City/State and Zip Code

dan.mp@stlaurentproperties.com

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

For further information concerning this matter, please call:

Daniel Myers-Power at (360) 260-9145

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

**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. **St Laurent Institute 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. **Washington**

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

3. **20-5574815**

(FEI number, if applicable)

4. **09/07/2006**

(Date of Incorporation)

5. **Perpetual**

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

6. **09/01/2014**

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

7. **375 Commerce Way, Suite 101, Longwood, FL 32750**

(Principal office address)

120 NE 136th Ave Ste 200, Vancouver, WA 98684

(Current mailing address)

8. **Medical Research**

(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: **William St. Laurent**

Office Address: **375 Commerce Way #101**

Longwood

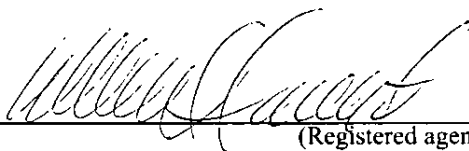
(City)

Florida 32750

(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)

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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12. Names and addresses of officers and/or directors

APPROVED
AND
FILED

A. DIRECTORS

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Chairman: Georges C. St. Laurent, Jr.

Address: 120 NE 136th Avenue, Suite 200
Vancouver, WA 98684

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Vice Chairman: William C. St. Laurent

Address: 375 Commerce Way, Suite 101
Longwood, FL 32750

Director: Emile Levisetti

Address: % St Laurent Institute 120 NE 136th Avenue, Suite 200
Vancouver, WA 98684

Director: Steven Bakalar

Address: % St Laurent Institute 120 NE 136th Avenue, Suite 200
Vancouver, WA 98684

B. OFFICERS

President: Georges C. St. Laurent, Jr.

Address: 120 NE 136th Avenue, Suite 200
Vancouver, WA 98684

Vice President: William C. St. Laurent

Address: 375 Commerce Way, Suite 101
Longwood, FL 32750


Secretary: Daniel B. Myers-Power

Address: 120 NE 136th Avenue, Suite 200, Vancouver, WA 98684

Treasurer: Daniel B. Myers-Power

Address: 120 NE 136th Avenue, Suite 200, Vancouver, WA 98684

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. DANIEL B MYERS-POWER, SEC/Treas.
(Typed or printed name and capacity of person signing application)

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
ST. LAURENT INSTITUTE

I FURTHER CERTIFY that the records on file in this office show that the above named Non-Profit Corporation was formed under the laws of the State of WA and was issued a Certificate Of Incorporation in Washington on 9/7/2006.

I FURTHER CERTIFY that as of the date of this certificate, ST. LAURENT INSTITUTE remains active and has complied with the filing requirements of this office.

Date: September 4, 2014

UBI: 602-648-345



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

Kim Wyman

Kim Wyman, Secretary of State

RECEIVED
FILED
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APPROVED
FILED