

F15000002757

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

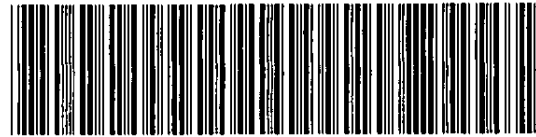
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 24 2015

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## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Kashi Clinical Laboratories, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign 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:

Zahra Mehdizadehkashi

Name of Person

Kashi Clinical Laboratories, Inc.

Firm/Company

10101 SW Barbur Blvd., Ste. 200

Address

Portland, OR 97219

City/State and Zip code

zkashi@kashilab.com

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

For further information concerning this matter, please call:

Zahra Mehdizadehkashi

Name of Person

at ( 503 ) 206-4989

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  
P.O. Box 6327  
Tallahassee, FL 32314

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 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. **Kashi Clinical Laboratories, Inc.**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. **Oregon**

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

3. **20-4562165**

(FEI number, if applicable)

4. **March 8, 2006**

(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. **10101 SW Barbur Blvd., Portland, OR 97219**

(Principal office address)

**10101 SW Barbur Blvd., Portland, OR 97219**

(Current mailing address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: **Zahra Kashi**

Office Address: **1609 SE 28th Terrace**

**Cape Coral**

(City)

, Florida **33904**

(Zip code)

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9. **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)

10. 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.

11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: Zahra Mehdizadehkashi

Address: 10101 SW Barbur Blvd., Suite 200  
Portland, OR 97219

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Zahra Mehdizadehkashi

Address: 10101 SW Barbur Blvd., Suite 200  
Portland, OR 97219

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

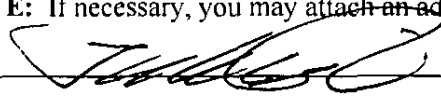
Secretary: Hadi Sharifi

Address: 10101 SW Barbur Blvd., Suite 200, Portland, OR 97219

Treasurer: Ali Mehdizadehkashi

Address: 10101 SW Barbur Blvd., Suite 200, Portland, OR 97219

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. 

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.

13. Zarha Mehdizadehkashi

(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# State of Oregon

OFFICE OF THE SECRETARY OF STATE  
Corporation Division

## Certificate of Existence 115Y822E9

*I, ROBERT TAYLOR, DEPUTY SECRETARY OF STATE, and Custodian of the Seal of said State, do hereby certify:*

**KASHI CLINICAL LABORATORIES, INC.**

*is*

Incorporated

*under the laws of The State of Oregon*

*and is active on the records of the Corporation Division as of the date of this certificate.*

*In Testimony Whereof, I have hereunto set  
my hand and affixed hereto the Seal of the  
State of Oregon.*



A handwritten signature in black ink, appearing to be "RT", is written over the printed name of Robert Taylor.

ROBERT TAYLOR, DEPUTY SECRETARY OF STATE

6/17/2015