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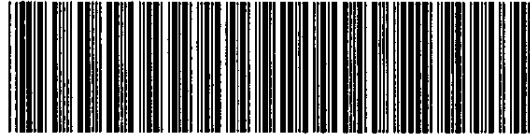
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REC'D
FEB 15 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Spirit Health Foundation, Inc.
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:

Greg B. Lam, Attorney

Name of Person

Copilevitz & Canter, LLC

Firm/Company

310 W. 20th Street, Suite 300

Address

Kansas City, MO 64108

City/State and Zip Code

dstine@cckc-law.com

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

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For further information concerning this matter, please call:

Diane Stine

at (816)

472-9000

Name of Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration 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. Spirit Health Foundation, 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.)

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

2. Delaware 3. _____
(State or country under the law of which it is incorporated) (FET number, if applicable)

4. 9/19/2014 5. _____
(Date of Incorporation) (Date of duration, if other than perpetual)

6. Upon verification of Certificate of Authority in the State of Florida
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 2424 North Federal Highway, Suite 100, Boca Raton, FL 33431
(Principal office address)

(Current mailing address, if different)

8. Charitable
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

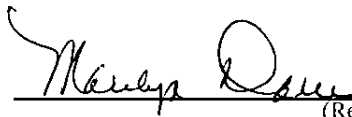
9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: Marilyn Davis

Office Address: 2424 North Federal Highway, Suite 100
Boca Raton, Florida 33431
(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.



(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

A. DIRECTORS

Chairman: Marilyn Davis
Address: 2424 North Federal Highway, Suite 100
Boca Raton, FL 33421

Vice Chairman: _____
Address: _____

Director: Paula Stevens
Address: 2424 North Federal Highway, Suite 100
Boca Raton, FL 33421

Director: J.D. Gammel, Ph.D.
Address: 2424 North Federal Highway, Suite 100
Boca Raton, FL 33421

B. OFFICERS

President: Marilyn Davis
Address: 2424 North Federal Highway, Suite 100
Boca Raton, FL 33421

Vice President: _____
Address: _____

Secretary: Paula Stevens
Address: 2424 North Federal Highway, Suite 100, Boca Raton, FL 33431

Treasurer: Fey Ruback
Address: 2424 North Federal Highway, Suite 100, Boca Raton, FL 33431

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

13. Marilyn Davis
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

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

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Delaware

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SPIRIT HEALTH FOUNDATION, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF FEBRUARY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS AN EXEMPT CORPORATION.



5607044 8300C

SR# 20160666712

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 201799795

Date: 02-08-16