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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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APR 18 2016

J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations
CarePayment Technologies, Inc.

SUBJECT: _____
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:

Name of Person
Incorporating Services, Ltd.

Firm/Company

Address
Tallahassee, FL 32301

City/State and Zip code

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

For further information concerning this matter, please call:

Melissa _____ 656-7956

Name of Person at (_____) _____
Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration 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

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TALLAHASSEE, FLORIDA

**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. CarePayment Technologies, 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 3. 91-1758621
(State or country under the law of which it is incorporated) (FBI number, if applicable)
4. February 01, 1996 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. January 1, 2015
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 5300 Meadows Road, Suite 320; Lake Oswego, Oregon, 97035
(Principal office address)
- _____
(Current mailing address, if different)

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

Name: NRAI Services, Inc.

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

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.

NRAI Services, Inc.

By: Loretta McCool Loretta McCool, Asst. Secretary
(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.

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: See Addendum A

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Craig Hodges

Address: 5300 Meadows Road, Suite 320, Lake Oswego, Oregon, 97035

Vice President: _____

Address: _____

Secretary: James Fason

Address: 5300 Meadows Road, Suite 320, Lake Oswego, Oregon, 97035

Treasurer: Kari Minton

Address: 5300 Meadows Road, Suite 320, Lake Oswego, Oregon, 97035

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

12. _____

[Signature]
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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. James Fason - Secretary

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

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ALABAMA

Addendum A
CarePayment Technologies, Inc.'s
Application by Foreign Corporation for Authorization
to Transact Business in Florida
Director Information in Reference to Question Number 11(A)

	Name	Business Address
Director	Craig Froude	5300 Meadows Road, Suite 320; Lake Oswego, Oregon, 97035
Director	Craig Hodges	5300 Meadows Road, Suite 320; Lake Oswego, Oregon, 97035
Director	Mark Emjker	5300 Meadows Road, Suite 320; Lake Oswego, Oregon, 97035
Director	George Lazenby	5300 Meadows Road, Suite 320; Lake Oswego, Oregon, 97035

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

Certificate of Existence 916Q765U9

I, JEANNE P. ATKINS, SECRETARY OF STATE, and Custodian of the Seal of said State, do hereby certify:

CAREPAYMENT TECHNOLOGIES, 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.*



Jeanne P. Atkins

JEANNE P. ATKINS, SECRETARY OF STATE

4/1/2016