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COVER LETTER

TO:		tration Se on of Cor	ction porations					
CHDI			inancial Company					
Name of corporation - must include suffix								
Dear S	ir or M	adam:						
"Certi	ficate of	Existence		te of Good St	tanding`	' and check ar		usiness in Florida," ted to register the
Please	return a	all corresp	ondence concer	ning this mat	ter to th	e following:		
Mike (Olson							
				Name o	of Perso	n		
Inspira	Financi	al Compar	ıy					
				Firm/Co	ompany			
4800 T	-Rex Av	e. Suite 1	00					
				Ado	dress			
Boca F	Raton, Fl	orida 3343	31					
				City/State	and Zi	p code		
clientn	ngmt@ir	spirafin.c						<u>. </u>
			E-mail addre	ss: (to be use	d for fu	ture annual re	port notif	fication)
For fur	rther inf	formation	concerning this	matter, pleas	e call:			
Mike Olson 424		424 at (36	53-7343 or	424-276-0	938		
-	Name	of Perso	n	Area C	ode	Daytime 1	relephon	e Number
Englos	Regist Divisi Clifto 2661 Tallah	tration Se on of Con n Buildin Executive nassee, FI	rporations g : Center Circle . 32301			MAILIN Registrat Division P.O. Box Tallahass	ion Secti of Corpo 6327	on orations
		ing Fee	□ \$78.75 Fili Certificate	ng Fee &		3.75 Filing Fee tified Copy	e& C	\$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.

Inspira Financia		WOOLD LIVE WOODDON ATTOMAN		
	orporation; must include "INCORPORATED," "orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"		
Inspira Financia	al Billing & Collections			
(If name unavail	able in Florida, enter alternate corporate name a	adopted for the purpose of transacting business in Florida		
Washington	3	47-2403387		
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)		
11/21/2014				
(Date	e of incorporation)	(Date of duration, if other than perpetual)		
2/1/2017				
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	Florida, if prior to registration) 502, F.S., to determine penalty liability)		
	Suite 100, Boca Raton, Florida 33431			
	(Princip	pal office address)		
4800 T-Rex Ave	Suite 100, Boca Raton, Florida 33431			
	(Current mailin	ng address, if different)		
Name and stree	et address of Florida registered agent: (P.C Brian Jordan	D. Box NOT acceptable)		
	4800 T-Rex Ave. Suite 100			
fice Address:				
ffice Address:	Boca Raton	33431 , Florida		

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:

Chai rm an		
Address:	4800 T-Rex Ave. Suite 100, Boca Raton, Florida 33431	
Vice Chai	rman:	
Address:		
Director:	Edward Brann	
	4800 T-Rex Ave. Suite 100, Boca Raton, Florida 33431	
		4 - 4 - 4 - 4 - 19 - 19 - 19 - 19 - 19 -
Director:	David Costine	
Address:	4800 T-Rex Ave. Suite 100, Boca Raton, Florida 33431	
B. OFF	CERS	
President:	Edward Brann	7
	4800 T-Rex Ave. Suite 100, Boca Raton, Florida 33431	PR 2
Vice Presi	dent:	
_	Edward Brann	
Secretary:	4800 T-Rex Ave. Suite 100, Boca Raton, Florida 33431	
Address:	Edward Brann	
Freasurer: Address:	4800 T-Rex Ave. Suite 100, Boca Raton, Florida 33431	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
NOTE:	If necessary, you may attach an addendum to the application listing additional office	cers and/or directors.
12	The Hell	
are true a	Signature of Director or Officer er or director signing this document (and who is listed in number 11 above) affirm that he or she is aware that false information submitted in a document to the Degree felony as provided for in s.817.155, F.S.	
Iaim	e Gerber, MD, Chairman of the Board	
13	(Typed or printed name and capacity of person signing application))



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

OF

INSPIRA FINANCIAL COMPANY

I FURTHER CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 11/21/2014.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest and penalties owed to this state and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Date: April 4, 2017

UBI: 603-454-552

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

Kim Wyman, Secretary of State



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