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SECRETARY OF STATE

N CULLIGAN AUG 6 2018



	siration Secti sion of Corp			
	ECOSCHE	FOUNDATION, INC.		
SUBJECT:		Name of Corporation	- must include suffix	<u> </u>
Dear Sir or N	/ladam:			
Affairs in Flo	orida", "Certif	by Foreign Not for Profit (Teate of Existence", or "Celed not for profit corporation	tificate of Status" and	I check are submitted to
Please return	all correspon	dence concerning this matte	er to the following:	
	Richard K.	Circuit, Esq.		
		Name of I	Person	
	Circuit Mcl	Kellogg Kinney & Ross LLP		
		Firm/Co	mpany	
	7979 Ivani	noe Avenue, Suite 200		
		Addr	ess	
	La Jolla, C	alifornia 92037		
		City/State and	Zip Code	
	GCochran(@cmkr.com		
	E-mai	address: (to be used for fur	ture annual report not	fication)
For further in	nformation co	ncerning this matter, please	call:	
Georgia Co	chran	at (58 459-0581.	x-109
	Name of		rea 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 th	e following amount:		
□ \$70.00 F	iling 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:

n: must include the word "ING will clearly indicate that it is t. "Company" or "Co." may r	CORPORATED" or s a corporation instea not be used as a corporation.	"CORPORATION" or word d of a natural person or part orate suffix by a nonprofit c	Is or abbreviations of thership if not so core orporation.)	f like itained
i planti anno di amoto a		d for the surmose of transac	ting husiness in Clar	
e in Florida, enter alternate co	orporate name adopte	d for the purpose of transac	ting business in Flor	ida)
	3. ²⁶⁻³¹⁸	37747		
nder the law of which it is in	corporated)	(FEI number, if app	olicable)	
	5.			
f Incorporation)		(Date of duration, if oth	ner than perpetual)	
			D=(A	0
		s 617.1501 & 617.1502, F.S	, to determine penalty	lebility)n
#502, Tequesta, Florida 334	169		ĀĀ	<u>ــــ</u> ت
	(Principal office ac	ldress)	SEE.	B I
(Cu	irrent mailing address	, if different)	FLORID	D 1-1:07
ds of physical health, self ca	re, functional indeper	ndence, nutrition and related	d research	_
ration authorized in home sta	ate or country to be ca	arried out in the state of Flo	rida)	
ddress of Florida registere	ed agent: (P.O. Box	NOT acceptable)		
ip P. Egoscue				
50 Beach Road, #502				
questa	. Flo	rida ³³⁴⁶⁹		
(City)		(Zip	Code)	
plication, I hereby accept ply with the provisions of illiar with and accept the	t the appointment of fall statutes relative obligations of my	is registered agent and de to the proper and com- position as registered ag	igree to act in this plete performance	capacity. I
	ds of physical health, self caration authorized in home standards of Florida registere ip P. Egoscue 50 Beach Road, #502 questa (City) nt's acceptance: as registered agent and to plication, I hereby accept ply with the provisions on iliar with and accept the	affairs in Florida if prior to registration. See sections #502, Tequesta, Florida 33469 (Current mailing address ds of physical health, self care, functional independent authorized in home state or country to be cauddress of Florida registered agent: (P.O. Box ip P. Egoscue 50 Beach Road, #502 questa (City) Int's acceptance: as registered agent and to accept service of plication, I hereby accept the appointment of ply with the provisions of all statutes relativishilar with and accept the obligations of my provisions of my	nder the law of which it is incorporated) (FEI number, if application) (Date of duration, if other florida if prior to registration. See sections 617.1501 & 617.1502, F.S. #502, Tequesta, Florida 33469 (Principal office address) (Current mailing address, if different) ds of physical health, self care, functional independence, nutrition and related ration authorized in home state or country to be carried out in the state of Floridaress of Florida registered agent: (P.O. Box NOT acceptable) ip P. Egoscue 50 Beach Road, #502 nuesta , Florida 33469 (City) , Florida 33469	(Current mailing address, if different) (Current mailing address, if different and related research (P.O. Box NOT acceptable) (City) (Cit

jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors

A. DIRECTORS PHILLIP P. EGOSCUE Chairman: 19750 Beach Road, #502 Address: Tequesta, Florida 33469 Vice Chairman: Address: KIMBERLEE WEZNIAK Director: 12230 El Camino Real, Suite 110 Address: San Diego, California 92130 RICHARD K. CIRCUIT Director: 7979 Ivanhoe Avenue, Suite 200 Address: La Jolla, California 92037 **B. OFFICERS** PHILLIP P. EGOSCUE President: 19750 Beach Road, #502 Address: Tequesta, Florida 33469 Vice President: Address: KIMBERLEE WEZNIAK Secretary: 12230 El Camino Real, Suite 110, San Diego, California 92130 Address: KIMBERLEE WEZNIAK Treasurer: 12230 El Camino Real, Suite 110, San Diego, California 92130 Address: NOTE: If decessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) PHILLIP P. EGOSCUE, Chairman of the Board and President (Typed or printed name and capacity of person signing application)

ADDENDUM TO APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

12. A. ADDITIONAL DIRECTOR

Director:

KURT R. KORNEISEL

Address:

5256 South Mission Road, Suite 1010

Bonsall, California 92003

FILED
2018 JUL 30 PM 4: 07
SECRETARY OF STATE
SECRETARY OF STATE

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

EGOSCUE FOUNDATION

FILE NUMBER:

C3152609

FORMATION DATE:

07/01/2008

TYPE:

DOMESTIC NONPROFIT CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of July 17, 2018.

ALEX PADILLA Secretary of State