# F1800004828

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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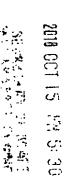
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OCT 1 5 2018



M. MILLIGAN OCT 25 2018

### **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: HealthSpace USA Inc.		
Name of corporation	on - must include suffix	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Stabove referenced foreign corporation to transact busing	anding" and check are submitted to register the	
Please return all correspondence concerning this matt	er to the following:	
Debbie Nelson		
Name o	f Person	
Barron Smith Daugert, PLLC		
Firm/Co	mpany	
300 N Commercial Street		
Ado	iress	
Bellingham, WA 98225		
City/State	and Zip code	
dnelson@barronsmithlaw.com		
E-mail address: (to be used	d for future annual report notification)	
For further information concerning this matter, please	e call:	
Debbie Nelson 360 at (	360 733-0212	
	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 & □ \$87.50 Filing Fee. Certified Copy 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.

	of corporation; must include "INCORPORATED, "Corp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"	
(If name unav	vailable in Florida, enter alternate corporate name	adopted for the purpose of transacting busi	ness in Florida)
	alth of Virginia	98-0338608	
	untry under the law of which it is incorporated)	(FEI number, if applicable)	
December 2			
(Date of incorporation) (Date of duration, if		(Date of duration, if other than p	erpetual)
6. June, 2013			
		n Florida, if prior to registration) 502, F.S., to determine penalty liability)	~3
7 114 W. Magn	olia Street, Ste 400 #111, Bellingham , WA 9822	3	2018 St.
(Principal office address)			
114 W. Magn	olia Street, Ste 400 #111, Bellingham, WA 98225	5	
<del></del>	(Current maili	ng address, if different)	<u> </u>
8. Name and <u>s</u>	reet address of Florida registered agent: (P.C	O. Box <u>NOT</u> acceptable)	To the second
Office Address	1200 South Pine Island Road	<del></del>	
	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.

C T Corporation System

Scott White, Assistant 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.

		2018
11. Names and business addresses of officers and/or directors:	يُخِيرُ مِنْ	130
A. DIRECTORS	6	വ 
Chairman: None	<u> </u>	<del></del>
Address:	(29)	<u>Č1</u> T#_
	<b>3</b> 2.	<u> </u>
Vice Chairman:		
Address:		
Director:		
Address:		
Bellingham, WA 98225		
Ali Hakinzadeh		
Address:		-
Bellingham, WA 98225		
B. OFFICERS		
Joseph Willmott President:		
114 W. Magnolia Street, Ste 400 #111 Address:		
Bellingham, WA 98225		_
Joseph Willmott Vice President:		
Address:		
Bellingham, WA 98225		
Joseph Willmott		
Secretary:		
Address:		
114 W. Magnolia Street. Ste 400 #111, Bellingham, WA 98225	<del></del>	
Address;		
NOTE: If necessary, you may attack an addendum to the application listing additional officers and/or dir	ectors.	
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 h	erein
are true and that he or she is aware that false information submitted in a document to the Department of S a third degree felony as provided for in s.817.155, F.S.	tate cons	titutes
13. Joseph Willmott, President		<del></del> -
(Typed or printed name and capacity of person signing application)		

## Common brealth of Hirginia



### State Corporation Commission

CERTIFICATE OF GOOD STANDING

### I Certify the Following from the Records of the Commission:

That HealthSpace USA Inc. is duly incorporated under the law of the Commonwealth of Virginia;

That the date of its incorporation is December 28, 2000;

That the period of its duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date: October 2, 2018

CISECOM

Document Control Number: 1810026418