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FOREIGN PROFIT/NONPROFIT CORPORATION LAUREN McCABE, DC PC

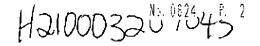
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21 SEP -2 BB 4:

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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.

(Enter name of co	orporation; must include "INCORPORATBI orp," "Inc," "Co," or "Corp."))," "COMPANY," "CORPORATION,"	
(If name unaveila	ible in Florida, enter alternate corporate nam	e adopted for the purpose of transacting busi	ness in Florida)
Oregoπ		71. 121 1574	
(State or countr	y under the law of which it is incorporated)	(FEI number, if applica	ble)
6/14/2007		5. Perpetual	
(Date	of incorporation)	5. Perpetual (Date of duration, if other than)	perpetual)
6			
	(Date first transacted business (SEE SECTIONS 607,1501 & 607	s in Plorida, if prior to registration) .1502, F.S., to determine penalty liability)	
, 2355 Vanderbilt I	Beach Rd., #146, Naples, Florida 34109		
, ·		ffice street address)	
520 SW Yamhill	St. Ste 600, do Dennis Steinman, Portland,	Oregon 97204	
 	(Current mai	ling address, if different)	
8. Name and <u>stree</u> Name:	et address of Florida registered agent: (F	P.O. Box NOT_acceptable)	171 SEP - 2
Office Address:	2355 Vanderbilt Beach Rd., #146		ASSO A
	Naples	, Florida 34109	AMID: 02
	(City)	, Plorida (Zip code)	02 FL
Having been nam designated in this further agree to c	ent's acceptance: sed as registered agent and to accept set application, I hereby accept the appoin omply with the provisions of all statute, with and accept the obligations of my	ntment as registered agent and agree to s relative to the proper and complete pe	poration at the place act in this capacity. I
۵	Pauren McCabe_		_
•	(Registered agent's	s signature)	

16 10002 NTAUZ

^{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.} For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS Lauren McCabe □Chairman □Chairman Name: 2355 Vanderbilt Beach Rd, #146 □Vice Chairman Address: □Vice Chairman Address: Naples, Florida 34109 ODirector | □Director ■President □ President □Vice President ☐Vice President □ Secretary Treasurer OScorolary. ☐ Treasurer □Other _____ □Other Other _____ □Chaiman Name; _____ □ Chairman Name: _____ □Vice Chairman Addross: ☐Vice Chairman Address: □Director □ Director ☐President ☐President □Vice President □Vice President ☐Sccretary ☐Treasurer ☐ Secretary Treasurer Other ___ □Other ____ Olher____ Other □Chairman Name: □ Chairman Name: □Vice Chairman Address: _____ Address: ☐Vice Chairman □Director ☐ Director DPresident. □President □Vice President _____ □Vice President □Secretary | ☐ Treasurer □Secretary ☐ Tressurer □Other _____ OOther _____ □Other _____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. Namen McCabe
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. <u>La</u>ureń McCabe

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

1/- 1000

State of Oregon

OFFICE OF THE SECRETARY OF STATE

Corporation Division

Certificate of Existence 363V618X5

I, SHEMIA FAGAN, SECRETARY OF STATE, and Custodian of the Seal of said State, do hereby certify:

LAUREN MCCABE, DC, PC

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.

SHEMIA FAGAN, SECRETARY OF STATE
7/21/2021