PAN000004424

(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
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2022 JUN 30 PH 1:

COVER LETTER

	ration Section on of Corporations			
SUBJECT:	International Rehabilitative	Sciences Inc.		
	Name	of corporation - 1	nust include suffix	
Dear Sir or Ma	adam:			
"Certificate of	'Application by Foreign C Existence," or "Certificated foreign corporation to	e of Good Standir	ig" and check are su	net Business in Florida," bmitted to register the
Please return a	II correspondence concern	ing this matter to	the following:	
Teresa Asher, A	ccounting Manager		_	
		Name of Per	son	
RS Medical				
		Firm/Compa	ny	
14001 SE First 5	Street			
		Address		
Vancouver, WA	98684			
		City/State and	Zip code	
tasher@rsmedic				
	E-mail address	s: (to be used for	uture annual report	notification)
For further info	rmation concerning this n	natter, please call:		
Teresa Asher at ()				
Name	of Person	Area Code	Daytime Telep	hone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclosed is a chece of the second of the sec	teck for the following amo k payable to: FLORIDA DE g Fee	EPARTMENT OF g Fee &	STATE 8.75 Filing Fee & entified Copy	S87.50 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.

(Enter name of c	corporation: must include "INCORPORATE" or "Corp.")	ED," "COMPANY," "CORPORATION		
(If name unavail	able in Florida, enter alternate corporate na	me adopted for the purpose of transacting	z business in Florida)	
		-	=	
(State or count	ry under the law of which it is incorporated)	91-1490213 (FEI number, if applicable)		
01/11/1000				
(Date	of incorporation)	(Date of duration, if other th	nan perpetual)	
6	(Date first transacted busines	s in Florido if acion to analytection)		
	(SEE SECTIONS 607.1501 & 607	7.1502, F.S., to determine penalty liability	y)	
7 14001 SE First S	treet, Vancouver, WA 98684			
· · · · · · · · · · · · · · · · · · ·	(Principal	office street address)		
	(Current ma	iling address, if different)	2022 JUN 30 Section (13) Militaryssi	
			P JUN 30	: :
8. Name and street	et address of Florida registered agent: (1	P.O. Box NOT acceptable)		
Name:	Unisearch, Inc.			111
Office Address:	1990 Main Street, Suite 750-709		PM 1: 26	
	Sarasota	, Florida 34236	\$6.00	
	(City)	(Zip code)		
further agree to co	ed as registered agent and to accept set application, I hereby accept the appoin omply with the provisions of all statutes with and accept the obligations of my particles.	itment as registered agent and agrec s relative to the proper and complete	to act in this capac performance of my	ity. I
10. Attached is a contract the Department of	ertificate of existence duly authenticate State, by the Secretary of State or other	d. not more than 90 days prior to deli	very of this applicati	ion to

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

under the law of which it is incorporated.

A. DIRECTORS Chairman	Name: Richard Terrell	_ □Chairman	Sean Kerr Name:			
□Vice Chairman	Address: 1001 SE First Street		Address:			
□Director	Vancouver, WA 98684	Elw.	Vancouver. WA 98684			
□President		_ ■ President				
□Vice President		□ Vice President				
□ Secretary	□Treasurer	□Secretary	■Treasurer			
Other	Other	□Other	□Other			
⊡Chaiπnan	Name:	□Chairman	Name: Bryan Dooling			
□Vice Chairman	Address: 14001 SE First Street		Address:			
□ Director	Vancouver, WA 98684	Director	Vancouver, WA 98684			
□President		□President				
■ Vice President		■Vice President				
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer			
Other	□Other	Other	□Other			
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		Director				
□President		□ President				
□Vice President		□ Vice President				
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer			
□Other	Other	□Other	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. 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.						

Sean Kerr, President and Treasurer

The State of Washington

Secretary of State

I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

INTERNATIONAL REHABILITATIVE SCIENCES, INC.

I 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 01/11/1990.

1 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 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.

Issued Date:

06/09/2022

UBI Number:

601 224 105



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

tu R Hobbe

Steve R. Hobbs, Secretary of State

Date Issued: 06/09 2022