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COVER LETTER

	tration Section ion of Corporations					
SUBJECT:	Northwest Medical Research	Partners, Inc.				
Name of corporation - must include suffix						
Dear Sir or M	adam:					
"Certificate of	"Application by Foreign Co f Existence," or "Certificate ced foreign corporation to tr	of Good Standing	" and check are subm			
Please return	all correspondence concerni	ng this matter to th	ne following:			
Marvin Hausm	nan					
		Name of Person	on			
		Firm/Company	7			
746 Lake Mills	s Rd					
		Address				
Chuluota, FL 3	12766					
,		City/State and Z	-			
MARVIN	15 HAUSMAN (C) C E-mail address	MA11.00	M			
	E-mail address	: (to be used for fu	iture annual report no	otification)		
For further in	formation concerning this m	atter, please call:				
Jacques R Beh	Facques R Behar at (801 726-5933					
Nam	e of Person	Area Code	Daytime Teleph	one 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			
	check for the following amoreck payable to: FLORIDA DE ing Fee	EPARTMENT OF g Fee & 🔲 \$78	STATE 8.75 Filing Fee & crtified Copy	☐ \$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.

Northwest Medi	cal Research Partners, Inc	
(Enter name of co	orporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"
(If name unavails	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)
2. Washington	3.	91-1898694
(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)
4(Date	of incorporation) 5.	(Date of duration, if other than perpetual)
6.		
o		in Florida, if prior to registration) 502, F.S., to determine penalty liability)
7 746 Lake Mills R	oad, Chuluota, FL 32766	
/·		fice street address)
	(Current maili	ng address, if different)
9 Name and street	et address of Florida registered agent: (P.	O Box NOT acceptable)
	Marvin Hausman	o. Box <u>1107</u> deceptions
Name:	746 Lake Mills Road	.
Office Address:	·	
	Chuluota	, Florida <u>32766</u> (Zip code)
	(City)	(Zip code)
designated in this	ned as registered agent and to accept serve application, I hereby accept the appoint comply with the provisions of all statutes with and accept the obligations of my p	NOS STA
	(Registered agent's	signature)

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.

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

A. DIRECTORS								
□Chairman	Name:	□ Chairman	Name:					
	746 Lake Mills Rd Address:							
	Chuluota, FL 32766	_	Address.					
Director		□Director						
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				
□ 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.





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

CERTIFICATE OF EXISTENCE

OF

NORTHWEST MEDICAL RESEARCH PARTNERS, 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 10/02/1995.

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 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: 05/25/2023 UBI Number: 601 664 615

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

to R Hollie

Steve R. Hobbs, Secretary of State

Date Issued: 05/25/2023



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