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CR2E031 (1-89)

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:

1.	Intrepid Affiliates, Inc.
••	(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2.	Minnesota State or country under the law of which it is incorporated) 3. Applied Factorial (FEI number, if applicable)
4.	August 3,1999 (Date of Incorporation) 5. perpetual (Duration: Year corp. will cease to exist or "perpetual")
6.	August 9, 1999 (proposed) (Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)
7.	6750 France Avenue South, Suite 275
	Edina, MN 55435 (Current mailing address)
8.	Licensor of home health care agencies
9.	(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
	Name: CT Corporation System
	Office Address: 1200 South Pine Island Road
	Plantation , Florida , 33324 (7in Code)
10	. 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.

Michele R. Justesen

(Registered agent's signature)

Michele R. Justesen, Msst. Sec.

11. 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.

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable) A. DIRECTORS (Street address only-P.O. Box NOT acceptable) Chairman: Todd J. Garamella 6750 France Avenue South, Suite 275 Address: Vice Chairman: _ Address: Address: Address: _____ B. OFFICERS (Street address only- P. O. Box NOT acceptable) Todd J: Garamella President: 6750 France Avenue South, Suite 275 Address: Edina, MN 55435 Vice President: Address: Secretary: Todd J. Garamella Address: ____same_as_above _____ Treasurer: Todd J. Garamella Address: ______ same as above ______ NOTE: If necessary you may attach an addendum to the application listing additional officers and/or directors. 13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) Toll J. Garamella

Typed or printed name and capacity of person signing application)

14.

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state of Minnesota

SECRETARY OF STATE

Certificate of Good Standing

I, Mary Kiffmeyer, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the corporation is governed by the chapter of Minnesota Statutes listed below; and that this corporation is authorized to do business as a corporation at the time this certificate is issued.

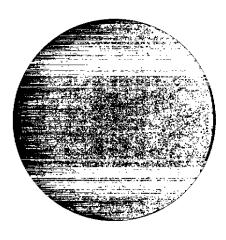
Name: Intrepid Affiliates, Inc.

Date Formed: 08/03/1999

Chapter Governed By: 302A

This certificate has been issued on 08/04/99.

99 AUG -6 PH 2: OI SECRETARY OF STATE



Mary Kiffmeyer Secretary of State.