

M14000003419

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

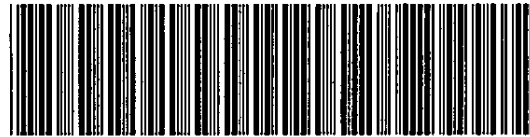
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 MAY 13 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch MAY 21 2014

Financing a Healthier Future



SENT VIA FIRST CLASS MAIL

May 8, 2014

400 International Way, Suite 220
Springfield, OR 97477

1-855-458-4278
www.healthfirstfinancial.com

Division of Corporations
Registration Section
PO Box 6327
Tallahassee, FL 32314

Re: HealthFirst Financial, LLC Registration of Foreign Corporation application

Dear Sir or Madam:

Enclosed with this letter is our company's Cover Letter, Application for Authorization to Transact Business in Florida, Certificate of Designation of Registered Agent/Registered Office, a Certificate of Status for HealthFirst Financial, LLC, and our company's check in the amount of \$130.00 for the filing fee, for filing with your office.

Please process these documents and send confirmation of acceptance of our application without delay. We are looking forward to being authorized to conduct business in Florida soon.

If there should be any questions or concerns, please contact me at your first convenience at 541-393-3134 or Shasta@professionalcredit.com to help us avoid any unnecessary delay.

Sincerely yours,

A handwritten signature in cursive script that reads "Shasta Allen".

Shasta Allen
Legal Administrative Assistant

SA:sla
Enclosure(s)

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HealthFirst Financial, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Floyd C. Mattson

Name of Person.

Professional Credit Service

Firm/Company

PO Box 7637

Address

Springfield, OR 97475

City/State and Zip Code

bmattson@professionalcredit.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Floyd C. Mattson

Name of Contact Person

541

Area Code

345-2475

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. HealthFirst Financial, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

HealthFirst Financial

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Oregon

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 80-0008212

(FEI number, if applicable)

4. NA

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 400 International Way, Suite 220

Springfield, OR 97477

(Street Address of Principal Office)

6. PO Box 7887

Springfield, OR 97475

(Mailing Address)

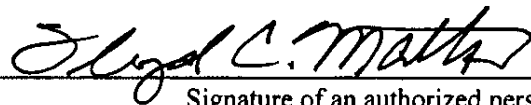
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Joseph R Hawes, CEO - 400 International Way, Suite 350, Springfield, OR 97477

Floyd C Mattson, General Counsel - 400 International Way, Suite 250, Springfield, OR 97477

Tammie L Coon, Senior Vice President - 400 International Way, Suite 220, Springfield, OR 97477

8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)



Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any 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.)

Floyd C. Mattson

Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

HealthFirst Financial, LLC

If unavailable, the alternate to be used in the state of Florida is:

HealthFirst Financial, LLC

2. The name and the Florida street address of the registered agent and office are:

CT Corporation Systems

(Name)

1200 South Pine Island Road

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Plantation

FL 33324

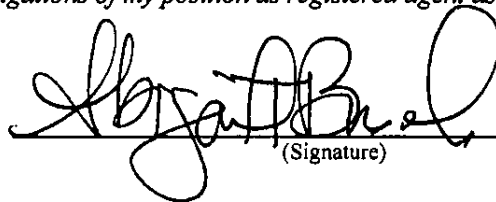
City/State/Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 MAY 13 PM 4:15

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Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.



(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

CERTIFICATE

State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

I, KATE BROWN, Secretary of State of Oregon, and Custodian of the Seal of said State, do hereby certify:

HEALTHFIRST FINANCIAL, LLC

was

organized

under the Oregon

Limited Liability Company Act

on

December 24, 2001

and is active on the records of the Corporation Division as of
the date of this certificate.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



In Testimony Whereof, I have hereunto set
my hand and affixed hereto the Seal of the
State of Oregon.

A handwritten signature in black ink, appearing to read "Kate Brown", is written over a horizontal line.

KATE BROWN, Secretary of State

April 30, 2014