

**FOREIGN
BUSINESS CORPORATION**

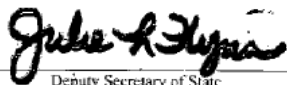
STATE OF MAINE

**APPLICATION FOR
AUTHORITY TO DO BUSINESS**

(Check box only if applicable.)

This is a professional corporation pursuant to
13 MRSA Chapter 22-A.** (see footnote)

Care Medical, P.C.
(Name of Corporation in Jurisdiction of Incorporation)

FILE File No. 20210628 F Pages 3 Fee Paid \$ 250 DCN 2210532220003 QUAL -----FILED----- 02/19/2021
 Deputy Secretary of State
A True Copy When Attested By Signature
 Deputy Secretary of State

Pursuant to 13-C MRSA §1503, the undersigned corporation executes and delivers the following Application for Authority to do Business:

FIRST: If the legal corporate name does not meet the requirements pursuant to §401 and/or 13 MRSA Chapter 22-A §736 (if a professional corporation) a fictitious name under which it proposes to apply for authority to do business in the State of Maine is: (If not applicable, so indicate.) If using a fictitious name, form MBCA-5 must be included.

A fictitious name is a name adopted by a foreign corporation authorized to transact business in this State because its real name is unavailable pursuant to §401.

SECOND: The Registered Agent is a: (select either a Commercial or Noncommercial Registered Agent)

Commercial Registered Agent CRA Public Number: P10068
Corporation Service Company
(name of commercial registered agent)

Noncommercial Registered Agent

(name of noncommercial registered agent)

(physical location, not P.O. Box – street, city, state and zip code)

(mailing address if different from above)

THIRD: Pursuant to 5 MRSA §108.3, the new commercial registered agent listed above has consented to serve as the registered agent for this corporation.

FOURTH: (For professional corporations only)

All of the professional corporation's shareholders, not less than a majority of its directors and all of its officers other than its clerk, secretary and treasurer, if any, are licensed in one or more states to render a professional service described in its articles of incorporation.

Form No. MBCA-12 (1 of 2)

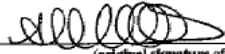
FIFTH: Its jurisdiction of incorporation is Wyoming (state or country) and the date of incorporation is 1/15/2021.

SIXTH: Address of the principal office, wherever located, is:
1260 Mercer Street, Seattle, WA 98109
(street, city, state and zip code)
PO Box 21502, Seattle, WA 98111
(mailing address if different from above)

SEVENTH: The names and usual business addresses of its current directors and officers: (Attach additional pages, if necessary.)

<u>Sunita Mishra, M.D., President, Secretary,</u> <u>Treasurer, Director</u> <small>(type or print name and capacity)</small>	Street <u>301 Union Street # 21502</u> <small>(street or mailing address)</small> <u>Seattle, WA 98111</u> <small>(city, state and zip code)</small>
_____	Street _____ <small>(street or mailing address)</small> _____ <small>(city, state and zip code)</small>
_____	Street _____ <small>(street or mailing address)</small> _____ <small>(city, state and zip code)</small>

EIGHTH: This application **must be accompanied by a certificate of existence** or a document of similar import duly authenticated by the Secretary of State or other official having custody of corporate records in the state or country under whose law the foreign corporation is incorporated. The certificate of existence must have been made not more than 90 days prior to the delivery of this application for filing.

Dated 2-12-2021 *By 
(original signature of an officer)
Sunita Mishra, M.D., President
(type or print name and capacity/title)

**The professional corporation name as used in the State of Maine must contain one of the following: "chartered," "professional corporation," "professional association" or "service corporation" or the abbreviation "P.C.," "P.A." or "S.C.". If the legal name in your jurisdiction doesn't require the use of these words, you must file a fictitious name. (See item first)

*This document **MUST** be originally signed by any duly authorized officer. (13-C MRSA §121.5)

Please remit your payment made payable to the Maine Secretary of State.

Submit completed form to: **Secretary of State**
Division of Corporations, UCC and Commissions
101 State House Station
Augusta, ME 04333-0101
Telephone Inquiries: (207) 624-7752 Email Inquiries: CEC.Corporations@Maine.gov

STATE OF WYOMING
Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that

CARE MEDICAL, P.C.

an entity originally organized under the laws of **Washington** on **April 13, 2018** did on **January 15, 2021** apply for a Certificate of Incorporation and filed Articles of Domestication in the office of the Secretary of State of Wyoming. This entity has been assigned entity identification number **2021-000973176**.

I FURTHER CERTIFY that this profit corporation has renounced its state or country of organization, and is now organized under the laws of the State of Wyoming and is in good standing as of the date of this certificate.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 19th day of February, 2021 at 12:34 PM. This certificate is assigned ID Number 042428128.



Edward A. Buchanan
Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website <https://wyobiz.wyo.gov> and following the instructions displayed under Validate Certificate.