

F20000005168

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

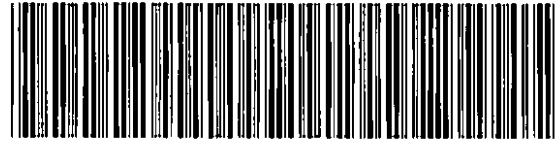
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2028 NOV 17 AM 8:44 2028 NOV 17 PM 1:09

FILED RECEIVED

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 11/17/2020

****WALK IN****

ENTITY NAME SEATTLE CANCER CARE ALLIANCE CORPORATION

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$70.00

ACCOUNT #: I20160000072

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SEATTLE CANCER CARE ALLIANCE *corporation*
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Cheryl Conklin
Name of Person
Unisearch, Inc.
Firm/Company
1780 Barnes Blvd SW
Address
Tumwater, WA 98512
City/State and Zip Code
unisop@unisearch.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cheryl Conklin at (360) 956-9500
Name of Person Area Code Daytime Telephone Number

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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. Seattle Cancer Care Alliance Corporation
(Name of corporation: must include the word "INCORPORATED" or "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. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Washington 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 6/16/1998 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)

6. 11/16/2020
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 825 Eastlake Ave East Seattle WA 98109
(Principal office street address)

(Current mailing address, if different)

8. Telehealth
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Unisearch, Inc.
Office Address: 155 Office Plaza Drive
Tallahassee, Florida 32301
(City) (Zip Code)

2020 NOV 17 AM 8:44
TALLAHASSEE, FLORIDA
REGISTRY

FILED

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.

Christine Reed - Assistant Secretary
(Registered agent's signature)

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

A. DIRECTORS

Chairman Name: Aaron Crane
 Vice Chairman Address: 825 Eastlake Ave E
 Director Seattle WA 98109
 President _____
 Vice President Executive, VP
 Secretary Treasurer
 Other: _____ Other: _____

Chairman Name: L. Stephanie Mays
 Vice Chairman Address: 825 Eastlake Ave E
 Director Seattle WA 98109
 President _____
 Vice President Chief Legal Officer
 Secretary Treasurer
 Other: _____ Other: _____

Chairman Name: Terry McDonnell
 Vice Chairman Address: 825 Eastlake Ave E
 Director Seattle WA 98109
 President _____
 Vice President Chief Nursing Executive
 Secretary Treasurer
 Other: _____ Other: _____

Chairman Name: Steve Huebner
 Vice Chairman Address: 825 Eastlake Ave E
 Director Seattle WA 98109
 President _____
 Vice President Chief Financial Officer
 Secretary Treasurer
 Other: _____ Other: _____

Chairman Name: Tarni Deeb
 Vice Chairman Address: 825 Eastlake Ave E
 Director Seattle WA 98109
 President _____
 Vice President Chief Strategy Officer
 Secretary Treasurer
 Other: _____ Other: _____

Chairman Name: Jennie Crews
 Vice Chairman Address: 825 Eastlake Ave E
 Director Seattle WA 98109
 President _____
 Vice President _____
 Secretary Treasurer
 Other: _____ Other: _____

NOTE: 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.

13. S. Miller
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Stephanie Mays
(Typed or printed name and capacity of person signing application)

UNITED STATES OF AMERICA

The State of  Washington

Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

SEATTLE CANCER CARE ALLIANCE

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 06/16/1998.

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: 11/12/2020
UBI Number: 601 883 375



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

Kim Wyman

Kim Wyman, Secretary of State

Date Issued: 11/12/2020