

APR 16 2015

FILE NO. F-19994123

DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACC USE ONLY.

**APPLICATION FOR AUTHORITY  
TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN ARIZONA**  
*Read the Instructions C018i*

**1. ENTITY TYPE – check only one** to indicate the type of entity applying for authority:

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> FOR-PROFIT CORPORATION | <input type="checkbox"/> INSURER   |
| <input type="checkbox"/> NONPROFIT CORPORATION             | <input type="checkbox"/> SAVINGS AND LOAN ASSOCIATION                                  |
| <input type="checkbox"/> PROFESSIONAL CORPORATION          | <input type="checkbox"/> CREDIT UNION  |
| <input type="checkbox"/> CLOSE CORPORATION                 | <input type="checkbox"/> TRUST COMPANY   |
| <input type="checkbox"/> BUSINESS TRUST                    | <input type="checkbox"/> COOPERATIVE MARKETING ASSOCIATION                             |
| <input type="checkbox"/> BUSINESS DEVELOPMENT CORP.        | <input type="checkbox"/> ELECTRIC COOPERATIVE NON-PROFIT MEMBERSHIP ASSOC.             |
| <input type="checkbox"/> CORPORATION SOLE                  | <input type="checkbox"/> NONPROFIT ELEC. GENERATION AND TRANSMISSION COOPERATIVE CORP. |

**2. NAME IN STATE OR COUNTRY OF INCORPORATION (FOREIGN NAME) – enter the exact, true name of the foreign corporation:**

LAKE PLEASANT HEALTHCARE, INC.

**3. NAME TO BE USED IN ARIZONA (ENTITY NAME) – see Instructions C018i – identify the name the foreign corporation will use in Arizona by checking 3.1, 3.2, or 3.3 (check only one), and follow instructions**

- |  |   |   |
|--|---|---|
| <b>3.1</b> <input checked="" type="checkbox"/> Name in state or country of incorporation, with no changes –<br>Go to number 4. | <b>3.2</b> <input type="checkbox"/> Name in state or country of incorporation, with a corporate identifier added to it –<br>Enter the name in number 3.4 below. | <b>3.3</b> <input type="checkbox"/> Fictitious name (check this only if the foreign corporation's name in its state or country of incorporation is not available for use in Arizona) –<br>Enter the name in number 3.4 below. |
|--|---|---|

**3.4 If you checked 3.2 or 3.3, enter or print the name to be used in Arizona:**

**4. FOREIGN DOMICILE – list the state or country in which the foreign corporation is incorporated:** NEVADA

**5. DATE OF INCORPORATION IN FOREIGN DOMICILE:** 03/24/2015

**6. DURATION – the duration or life period of the foreign corporation is presumed to be perpetual unless one of the boxes is checked below and the blanks are filled in:**

- ☐ The corporation's life period will end after the expiration of \_\_\_\_\_ years (enter a number of years).  
☐ The corporation's life period will end on this date \_\_\_\_\_ (enter a date).  
☐ The corporation's life period will end upon the occurrence of this event:

\_\_\_\_\_ (describe an event).

**7. PURPOSE – the foreign corporation's purpose is to engage in any or all lawful business or affairs in which corporations may engage in the state or country under whose law the foreign corporation is incorporated, subject to the following limitations, if any (leave this blank if there are no limitations on the corporation's purpose):**

8. **CHARACTER OF BUSINESS** – briefly describe the character of business or affairs the foreign corporation initially intends to conduct in Arizona. NOTE that the character of business or affairs that the foreign corporation ultimately conducts is not limited by the description provided.

OPERATION OF A SKILLED NURSING FACILITY

<b>9. PRINCIPAL OFFICE ADDRESS - FOREIGN DOMICILE STREET ADDRESS</b> – see <i>Instructions C018i</i> – give the <b>physical or street address</b> (not a P. O. Box) of the foreign corporation required to be maintained in its state or country of incorporation, or, if not so required, of the foreign corporation's statutory agent in its state or country of incorporation:			<b>10. ARIZONA KNOWN PLACE OF BUSINESS ADDRESS:</b> Is the Arizona known place of business street address the same as the <b>street address</b> of the statutory agent? <input checked="" type="checkbox"/> Yes - go to number 11 and continue. <input type="checkbox"/> No - provide the Arizona physical or street address (not a P.O. Box) below:		
311 S. DIVISION ST.					
Attention (optional)			Attention (optional)		
Address 1			Address 1		
Address 2 (optional)		NV	89703		
City	CARSON CITY	State	Zip	City	State Zip

<b>11. STATUTORY AGENT IN ARIZONA</b> – see <i>Instructions C018i</i> :					
<b>11.1 REQUIRED</b> – give the <b>name</b> (can be an individual or an entity) <b>and physical or street address</b> (not a P.O. Box) in Arizona of the statutory agent:			<b>11.2 OPTIONAL</b> – mailing address in Arizona of statutory agent (can be a P.O. Box):		
NATIONAL REGISTERED AGENTS, INC.					
Statutory Agent Name (required)					
Attention (optional)			Attention (optional)		
2390 EAST CAMELBACK ROAD					
Address 1			Address 1		
Address 2 (optional)		AZ	85016		
City	PHOENIX	State	Zip	City	State Zip
<b>11.3 REQUIRED</b> – the <u>Statutory Agent Acceptance form M002</u> must be submitted along with this Application For Authority.					

<b>12. DIRECTORS</b> – list the <b>name and business address</b> of each and every Director of the corporation. If more space is needed, check this box <input type="checkbox"/> and complete and attach the <u>Director Attachment form C082</u> .					
CHRISTOPHER CHRISTENSEN					
Director Name			Director Name		
27101 PUERTA REAL					
Address 1			Address 1		
SUITE 450					
Address 2 (optional)		CA	92691		
MISSION VIEJO		State or Province	Zip		
City	UNITED STATES	State or Province	City	State or Province	Zip
Country			Country		
Date taking office (optional): 03/25/2015			Date taking office (optional):		

Director Name				Director Name			
Address 1				Address 1			
Address 2 (optional)				Address 2 (optional)			
City		State or Province	Zip	City		State or Province	Zip
Country				Country			
Date taking office (optional):				Date taking office (optional):			
Director Name				Director Name			
Address 1				Address 1			
Address 2 (optional)				Address 2 (optional)			
City		State or Province	Zip	City		State or Province	Zip
Country				Country			
Date taking office (optional):				Date taking office (optional):			
<b>13. OFFICERS</b> - list the <b>name and business address</b> of all principal Officers of the corporation. If more space is needed, check this box <input type="checkbox"/> and complete and attach the <b>Officer Attachment</b> form C085.							
JOHN ALBRECHTSEN				BEVERLY WITTEKIND			
Officer Name				Officer Name			
27101 PUERTA REAL				27101 PUERTA REAL			
Address 1				Address 1			
SUITE 450				SUITE 450			
Address 2 (optional)		CA	92691	Address 2 (optional)		CA	92691
City		State or Province	Zip	City		State or Province	Zip
Country	UNITED STATES			Country	UNITED STATES		
Date taking office (optional):		Officer title:		Date taking office (optional):		Officer title:	
03/25/2015		President/CEO		03/25/2015		Secretary	
SOON BURNAM							
Officer Name				Officer Name			
27101 PUERTA REAL							
Address 1				Address 1			
SUITE 450							
Address 2 (optional)		CA	92691	Address 2 (optional)			
City		State or Province	Zip	City		State or Province	Zip
Country				Country			
Date taking office (optional):		Officer title:		Date taking office (optional):		Officer title:	
03/25/2015		Treasurer					
Officer Name				Officer Name			
Address 1				Address 1			
Address 2 (optional)				Address 2 (optional)			
City		State or Province	Zip	City		State or Province	Zip
Country				Country			
Date taking office (optional):		Officer title:		Date taking office (optional):		Officer title:	

- 14. FOR-PROFITS ONLY – SHARES AUTHORIZED** – *see Instructions C018i* – list the class (common, preferred, etc.) and total number of shares the foreign corporation is AUTHORIZED to issue. This information must match the original Articles of Incorporation plus any amendments thereto. If more space is needed, check this box ☐ and complete and attach the Shares Authorized Attachment form C087.

Class: COMMON Series: \_\_\_\_\_ Total: 100 Par Value: NONE

Class: \_\_\_\_\_ Series: \_\_\_\_\_ Total: \_\_\_\_\_ Par Value: \_\_\_\_\_

- 15. FOR-PROFITS ONLY – SHARES ISSUED** – *see Instructions C018i* – list each class/series of authorized shares and give the total number and par value of shares of that class that have been ISSUED. If no shares of that class have been issued, put the number zero. If more space is needed, check this box ☐ and complete and attach the Shares Issued Attachment form C097.

Class: COMMON Series: \_\_\_\_\_ Total: 100 Par Value: NONE

Class: \_\_\_\_\_ Series: \_\_\_\_\_ Total: \_\_\_\_\_ Par Value: \_\_\_\_\_

- 16. NONPROFITS ONLY – MEMBERS – check one box only:**

Does the foreign nonprofit corporation have members? ☐ Yes ☐ No

- 17. PROFESSIONAL CORPORATIONS ONLY – PROFESSIONAL SERVICES** – if “professional corporation” is checked in number 1, briefly describe the type of professional services the corporation will render (examples: accounting, medical, law firm):

- 18. PROFESSIONAL CORPORATIONS ONLY – PROFESSIONAL LICENSE:**

By the signature appearing on this document, the foreign professional corporation certifies under penalty of perjury that at least one-half of its shareholders who are entitled to vote for the election of directors, and at least one-half of its directors, and its president, are licensed in one or more states to render a professional service described in the foreign professional corporation’s articles of incorporation.

**NOTE:** You must attach a statement from the licensing authority in Arizona for the profession showing that at least one of the professional corporation’s shareholders or employees is licensed in Arizona to render that professional service. (See A.R.S. § 10-2245.)

**SIGNATURE:** By checking the box marked “I accept” below, I acknowledge *under penalty of perjury* that this document together with any attachments is submitted in compliance with Arizona law.

☒ I ACCEPT

  
Signature

Soon Burnam  
Printed Name

03/29/2015  
Date

**REQUIRED – check only one:**

<input type="checkbox"/> I am the <b>Chairman of the Board of Directors</b> of the corporation filing this document.	<input checked="" type="checkbox"/> I am a duly-authorized <b>Officer</b> of the corporation filing this document.	<input type="checkbox"/> I am a duly authorized <b>bankruptcy trustee</b> , receiver, or other court-appointed fiduciary for the corporation filing this document.
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Filing Fee: \$175.00 (regular processing) Expedited processing – add \$35.00 to filing fee. All fees are nonrefundable – see Instructions.	Mail: Arizona Corporation Commission – Corporate Filings Section 1300 W. Washington St., Phoenix, Arizona 85007 Fax: 602-542-4100
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Please be advised that A.C.C. forms reflect only the **minimum** provisions required by statute. You should seek private legal counsel for those matters that may pertain to the individual needs of your business.  
All documents filed with the Arizona Corporation Commission are **public record** and are open for public inspection.  
If you have questions after reading the Instructions, please call 602-542-3026 or (within Arizona only) 800-345-5819.

DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACC USE ONLY.

## STATUTORY AGENT ACCEPTANCE

Please read Instructions M002I

1. **ENTITY NAME** – give the exact name in Arizona of the corporation or LLC that has appointed the Statutory Agent:

Lake Pleasant Healthcare, Inc.

2. **A.C.C. FILE NUMBER** (if entity is already incorporated or registered in AZ):

Find the A.C.C. file number on the upper corner of filed documents OR on our website at: <http://www.azcc.gov/Divisions/Corporations>

3. **STATUTORY AGENT NAME** – give the exact name of the Statutory Agent appointed by the entity listed in number 1 above (this will be *either* an individual or an entity):

National Registered Agents, Inc.

- 3.1 Check one box: ☐ The statutory agent is an **Individual** (natural person).  
☒ The statutory agent is an **Entity**.

### STATUTORY AGENT SIGNATURE:

By the signature appearing below, the individual or entity named in number 3 above accepts the appointment as statutory agent for the entity named in number 1 above, and acknowledges that the appointment is effective until the entity replaces the statutory agent or the statutory agent resigns, whichever occurs first.

By checking the box marked "I accept" below, I acknowledge *under penalty of perjury* that this document together with any attachments is submitted in compliance with Arizona law."

☒ I ACCEPT

  
Signature

Nicole Parnell  
Printed Name

3/25/2015  
Date

### REQUIRED – check only one:

- |   |  |
|---|--|
| <input type="checkbox"/> <b>Individual as statutory agent:</b> I am signing on behalf of myself as the individual | <input checked="" type="checkbox"/> <b>Entity as statutory agent:</b> I am signing on behalf of the entity named as statutory agent, and I am authorized to act for that entity. |
|---|--|

Filing Fee: none (regular processing)  
Expedited processing – add \$35.00 to filing fee.  
All fees are nonrefundable – see Instructions.

Mail: Arizona Corporation Commission – Corporate Filings Section  
1300 W. Washington St., Phoenix, Arizona 85007  
Fax: 602-542-4100

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**CERTIFICATE OF DISCLOSURE***Read the Instructions C003i***1. ENTITY NAME** – give the exact name of the corporation in Arizona:

LAKE PLEASANT HEALTHCARE, INC.

**2. A.C.C. FILE NUMBER**(if already incorporated or registered in AZ):Find the A.C.C. file number on the upper corner of filed documents OR on our website at: <http://www.azcc.gov/Divisions/Corporations>**3. Check only one of the following to indicate the type of Certificate:**

- ☒ Initial (accompanies formation or registration documents)
- ☐ Annual (credit unions and loan companies only)
- ☐ Supplemental to COD filed \_\_\_\_\_ (supplements a previously-filed Certificate of Disclosure)

**4. FELONY/JUDGMENT QUESTIONS:**

Has any person (a) who is currently an officer, director, trustee, or incorporator, or (b) who controls or holds over ten per cent of the issued and outstanding common shares or ten per cent of any other proprietary, beneficial or membership interest in the corporation been:

<b>4.1</b>	Convicted of a felony involving a transaction in securities, consumer fraud or antitrust in any state or federal jurisdiction within the seven year period immediately preceding the signing of this certificate?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>4.2</b>	Convicted of a felony, the essential elements of which consisted of fraud, misrepresentation, theft by false pretenses or restraint of trade or monopoly in any state or federal jurisdiction within the seven-year period immediately preceding the signing of this certificate?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>4.3</b>	Subject to an injunction, judgment, decree or permanent order of any state or federal court entered within the seven-year period immediately preceding the signing of this certificate, involving any of the following: a. The violation of fraud or registration provisions of the securities laws of that jurisdiction; b. The violation of the consumer fraud laws of that jurisdiction; c. The violation of the antitrust or restraint of trade laws of that jurisdiction?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>4.4</b>	If any of the answers to numbers 4.1, 4.2, or 4.3 are <b>YES</b> , you <b>MUST</b> complete and attach a <u>Certificate of Disclosure Felony/Judgment Attachment</u> form C004.		

**5. BANKRUPTCY QUESTION:**

**5.1** Has any person (a) who is currently an officer, director, trustee, incorporator, or (b) who controls or holds over twenty per cent of the issued and outstanding common shares or twenty per cent of any other proprietary, beneficial or membership interest in the corporation, served in any such capacity or held a twenty per cent interest in **any other corporation** (not the one filing this Certificate) on the bankruptcy or receivership of the other corporation?

☐ Yes☒ No

**5.2** If the answer to number 5.1 is **YES**, you **MUST** complete and attach a Certificate of Disclosure Bankruptcy Attachment form C005.

**IMPORTANT:** If within 60 days of the delivery of this Certificate to the A.C.C. any person not included in this Certificate becomes an officer, director, trustee or person controlling or holding over ten per cent of the issued and outstanding shares or ten per cent of any other proprietary, beneficial or membership interest in the corporation, the corporation must submit a SUPPLEMENTAL Certificate providing information about that person, signed by all incorporators or by a duly elected and authorized officer.

**SIGNATURE REQUIREMENTS:**

Initial Certificate of Disclosure:	This Certificate must be signed by all incorporators. If more space is needed, complete and attach an <u>Incorporator Attachment</u> form C084.
Foreign corporations:	This Certificate may be signed by a duly authorized officer or by the Chairman of the Board of Directors.
Credit Unions and Loan Companies:	This Certificate must be signed by any 2 officers or directors.

**SOON BURNAM**

Name

**27101 PUERTA REAL**

Address 1

**SUITE 450**

Address 2

**MISSION VIEJO****CA****92691**

City

**UNITED STATES**

State

Zip

Country

**SIGNATURE - see Instructions C003i:**

By checking the box marked "I accept" below, I acknowledge under penalty of perjury that this document together with any attachments is submitted in compliance with Arizona law.

☒ I ACCEPT

Signature

**SOON BURNAM**

03/29/2015

Printed Name

Date

**REQUIRED - check only one:**

- ☐ **Incorporator** - I am an incorporator of the corporation submitting this Certificate.
- ☒ **Officer** - I am an officer of the corporation submitting this Certificate
- ☐ **Chairman of the Board of Directors** - I am the Chairman of the Board of Directors of the corporation submitting this Certificate.
- ☐ **Director** - I am a Director of the credit union or loan company submitting this Certificate.

Name

Address 1

Address 2

City

State

Zip

Country

**SIGNATURE - see Instructions C003i:**

By checking the box marked "I accept" below, I acknowledge under penalty of perjury that this document together with any attachments is submitted in compliance with Arizona law.

☐ I ACCEPT

Signature

Printed Name

Date

**REQUIRED - check only one:**

- ☐ **Incorporator** - I am an incorporator of the corporation submitting this Certificate.
- ☐ **Officer** - I am an officer of the corporation submitting this Certificate
- ☐ **Chairman of the Board of Directors** - I am the Chairman of the Board of Directors of the corporation submitting this Certificate.
- ☐ **Director** - I am a Director of the credit union or loan company submitting this Certificate.

Filing Fee: None (regular processing)  
Expedited processing - add \$35.00 to filing fee.  
All fees are nonrefundable - see Instructions.

Mail: Arizona Corporation Commission - Corporate Filings Section  
1300 W. Washington St., Phoenix, Arizona 85007  
Fax: 602-542-4100

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If you have questions after reading the Instructions, please call 602-542-3026 or (within Arizona only) 800-345-5819.

# SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **LAKE PLEASANT HEALTHCARE, INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since March 24, 2015, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on March 25, 2015.

A handwritten signature in cursive script that reads "Barbara K. Cegavske".

BARBARA K. CEGAVSKE

Secretary of State



Electronic Certificate

Certificate Number: C20150325-0910

You may verify this electronic certificate  
online at <http://www.nvsos.gov/>



STATE OF NEVADA

**BARBARA K. CEGAVSKE**  
Secretary of State



**JEFFERY LANDERFELT**  
Deputy Secretary  
for Commercial Recordings

OFFICE OF THE  
SECRETARY OF STATE

**Certified Copy**

March 24, 2015

**Job Number:** C20150324-1506  
**Reference Number:**  
**Expedite:**  
**Through Date:**

The undersigned filing officer hereby certifies that the attached copies are true and exact copies of all requested statements and related subsequent documentation filed with the Secretary of State's Office, Commercial Recordings Division listed on the attached report.

<b>Document Number(s)</b>	<b>Description</b>	<b>Number of Pages</b>
20150131283-16	Articles of Incorporation	2 Pages/1 Copies



Respectfully,

*Barbara K. Cegavske*

**BARBARA K. CEGAVSKE**  
Secretary of State

Certified By: Electronic Filing  
Certificate Number: C20150324-1506  
You may verify this certificate  
online at <http://www.nvsos.gov/>

**Commercial Recording Division**  
202 N. Carson Street  
Carson City, Nevada 89701-4201  
Telephone (775) 684-5708  
Fax (775) 684-7138



BARBARA K. CEGAVSKE  
Secretary of State  
202 North Carson Street  
Carson City, Nevada 89701-4201  
(775) 684-5708  
Website: www.nvsos.gov



\*040105\*

## Articles of Incorporation

(PURSUANT TO NRS CHAPTER 78)

Filed in the office of <i>Barbara K. Cegavske</i> Barbara K. Cegavske Secretary of State State of Nevada	Document Number <b>20150131283-16</b> Filing Date and Time <b>03/24/2015 11:41 AM</b> Entity Number <b>E0146302015-2</b>
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(This document was filed electronically.)

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

<b>1. Name of Corporation:</b>	LAKE PLEASANT HEALTHCARE, INC.		
<b>2. Registered Agent for Service of Process:</b> (check only one box)	<input checked="" type="checkbox"/> Commercial Registered Agent: NATIONAL REGISTERED AGENTS, INC. OF NV Name <input type="checkbox"/> Noncommercial Registered Agent (name and address below) <b>OR</b> <input type="checkbox"/> Office or Position with Entity (name and address below) Name of Noncommercial Registered Agent <b>OR</b> Name of Title of Office or Other Position with Entity Street Address City Nevada Zip Code Mailing Address (if different from street address) City Nevada Zip Code		
<b>3. Authorized Stock:</b> (number of shares corporation is authorized to issue)	Number of shares with par value: <input type="text"/>	Par value per share: \$ <input type="text"/>	Number of shares without par value: <input type="text"/> 100
<b>4. Names and Addresses of the Board of Directors/Trustees:</b> (each Director/Trustee must be a natural person at least 18 years of age; attach additional page if more than two directors/trustees)	1) CHRISTOPHER CHRISTENSEN Name 27101 PUERTA REAL, SUITE 450 MISSION VIEJO CA 92691 Street Address City State Zip Code 2) <input type="text"/> Name Street Address City State Zip Code		
<b>5. Purpose:</b> (optional; required only if Benefit Corporation status selected)	The purpose of the corporation shall be: ANY LEGAL PURPOSE		<b>6. Benefit Corporation:</b> (see instructions) <input type="checkbox"/> Yes
<b>7. Name, Address and Signature of Incorporator:</b> (attach additional page if more than one incorporator)	I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State. TANNER AINGE <input checked="" type="checkbox"/> TANNER AINGE Name Incorporator Signature 27101 PUERTA REAL, SUITE 450 MISSION VIEJO CA 92691 Address City State Zip Code		
<b>8. Certificate of Acceptance of Appointment of Registered Agent:</b>	I hereby accept appointment as Registered Agent for the above named Entity. <input checked="" type="checkbox"/> NATIONAL REGISTERED AGENTS, INC. OF NV Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity 3/24/2015 Date		

This form must be accompanied by appropriate fees.

Nevada Secretary of State NRS 78 Articles  
Revised: 1-5-15



(PURSUANT TO NRS 77.310)

**USE BLACK INK ONLY - DO NOT HIGHLIGHT**

**ABOVE SPACE IS FOR OFFICE USE ONLY**

**In the matter of**

Name of Represented Business Entity

am a:

Name of Appointed Registered Agent OR Represented Entity Serving as Own Agent\*

**(complete only one)**

- a) ☒ commercial registered agent listed with the Nevada Secretary of State,
- b) ☐ noncommercial registered agent with the following address for service of process:

Nevada   
 Street Address City Zip Code

Nevada   
Mailing Address (if different from street address) City Zip Code

- c) ☐ represented entity accepting own service of process at the following address:

\_\_\_\_\_

Title of Office or Position of Person in Represented Entity

Street Address City Nevada Zip Code

Nevada   
Mailing Address (if different from street address) City Zip Code

and hereby state that on   I accepted the appointment as registered agent for  
the above named business entity. Date

**Authorized Signature of R.A. or On Behalf of R.A. Company**

**March 10, 2015**

Date \_\_\_\_\_

**\*If changing Registered Agent when reinstating, officer's signature required.**

**Signature of Officer**

Date \_\_\_\_\_

# SECRETARY OF STATE



## CORPORATE CHARTER

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that **LAKE PLEASANT HEALTHCARE, INC.**, did on March 24, 2015, file in this office the original Articles of Incorporation; that said Articles of Incorporation are now on file and of record in the office of the Secretary of State of the State of Nevada, and further, that said Articles contain all the provisions required by the law of said State of Nevada.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on March 24, 2015.

*Barbara K. Cegavske*

BARBARA K. CEGAVSKE  
Secretary of State

Certified By: Electronic Filing  
Certificate Number: C20150324-1506

You may verify this certificate  
online at <http://www.nvsos.gov/>