Filing and License Fee: \$310.00 minimum

ID Maranham	
ID Number:	



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Corporations Division 148 W. River Street Providence, Rhode Island 02904-2615

BUSINESS CORPORATION

APPLICATION FOR CERTIFICATE OF AUTHORITY

corporation	o the provisions of Section 7-1 hereby applies for a Certificat g statement:	.2-1405 of the General e of Authority to transact	Laws of Rhode Island, 1956, as amended, business in the State of Rhode Island, and	for that purpose submits	
1. The nar	ne of the corporation is Healt	thNetUSA, Inc.			
2. It is inco	rporated under the laws of	ississippi			
3. The nan	ne, if different, which it elects to	use in Rhode Island is:			
"ir	the name of the corporation corporated," or "limited," or ar ove corporate endings for use	n abbreviation thereof, th	corporation does not contain the word " en list the name of the corporation with th	corporation," "company," ne addition of one of the	
qu			en set forth below the fictitious name under of in the "Fictitious Business Name Statem		
4. The date	e of its incorporation is Dece	mber 19, 2007	and the period of its duration is perpet	ual	
5. The add	ress of its principal office in the	state or country under th	e laws of which it is incorporated is	. 14-1	
1 Layfair	Drive, Suite 210, Flowood, M	S 39232		.	
6. The add	ress of its proposed registered	office in Rhode Island is	222 Jefferson Blvd., Suite 200		
			(Street Address, <u>not</u> P.O. Box)		
Warwic	k (City/Town)	, RI	and the name of its proposed registered	agent in Rhode Island at	
لماسمة مسطة	Incorn Services Inc	(Zip Code)			
that add	ress is	(Nar	ne of Agent)		
7. The pur	oose or purposes which it propo	oses to pursue in the tran	saction of business in Rhode Island are:		
	acted fee for service provide			. 1	
	· · · · · · · · · · · · · · · · · · ·			F-3	
		es of its directors (optiona	al unless directors are required under the law	* # T	
of wr	nich it is incorporated).		Adding	f \`` C . /	
Direc		<u>nme</u>	<u>Address</u>		
Direc		\$ 100 m m m m m m m m m m m m m m m m m m		Marie de la companya del companya de la companya de la companya del companya de la companya de l	
Direc	tor			* -	
Direc	tor	MAR 2.8 200	8 11/11		

Form No. 150 Revised: 12/05

Dr. Baymand		Name A. Foxworth	1 Layfair Dr., Suite 210,	Address Floward MS 39232			
	President	n/a	A. FOXWOILII	- Laylan Dr., Suite 210,	1 10W000, NIG 19202		
	√ice President	Jean Foxwor	<u> </u>	1 Lautair Dr. Suita 240	Flowerd MC 7022		
Treasurer Sean Foxword Secretary Jean Foxword				1 Laytair Dr., Suite 210, Flowood, MS 39232 1 Laytair Dr., Suite 210, Flowood, MS 39232			
		-	T Laylan Dr., Suite 210, 1 lowood, MS 39232				
ar	ne aggregate nun nd series, if any, v <u>Number of</u> ນບນ	vithin a class, is	which it has authority to : : <u>Class</u>	o issue, itemized by classes, Series	par value of shares, shares without par value, Par Value or Statement that Shares are without Par Value 3-10.00		
_					41000		
_							
10. (a	An estimate o	of the value of	all property to be o	owned by the corporation fo	or the following year, wherever located, is		
(b) An estimate o	of the value of	the corporation's pro	perty to be located within	Rhode Island during the following year is		
(с	located within	expressed as a percentage, of the proportion that the estimated value of the property of the corporation to be a this state during the following year bears to the value of all property of the corporation to be owned during the r, wherever located, is					
11. (a	\$ 585,000	of the gross amount of business to be transacted by the corporation during the following year is					
(b) An estimate of Island during t	of the gross an he following yea	nount of business to lar is \$ 65,000	be transacted by the corporat	tion at or from places of business in Rhode		
(c	An estimate, corporation at be transacted the percentage	te, expressed as a percentage, of the proportion that the gross amount of business to be transacted by the nator from places of business in this state during the following year bears to the gross amount thereof which will sted by the corporation during the following year is [divide (b) by (a) and multiply by 100 to obtain tage].					
2. Th	is application is a which it is incorp	accompanied by orated.	a certificate of Good	Standing issued by the prope	r officer of the state or country under the laws		
3. Th	s Application for an the 90 th day at	Certificate of Auter the date of the	uthority shall be effections filing	ive upon filing unless a speci	fied date is provided which shall be no later		
	-	/		examined this Application	ury, I declare and affirm that I have on for Certificate of Authority, including tachments, and that all statements and correct.		
)ate [.]	3/24/0	28		MARKE	WELL CO		
Date:	3/24/0	78		Signature of Au	thorized Officer of the Corporation		
Date:	3/24/0	78		Signature of Au Dr. Raymond A. Foxwort			

State of Mississippi

Office of the Secretary of State C. Delbert Hosemann, Jr., Secretary of State Jackson, Mississippi

CERTIFICATE

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the corporate records, required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on December 19, 2007, the State of Mississippi issued a Charter/Certificate of Authority to:

HEALTHNETUSA, INC

That the state of incorporation is MISSISSIPPI.

That the period of duration is 99 years.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.



Given under my hand and seal of office March 24, 2008

C. Delbert Hosemann, Jr. Secretary of State

Sallet Hosemann, dr.

Certification Number: 9888623-12 Page 1 of 1 Reference: DP/Melanie Tetrick Verify this certificate online at https://secure.sos.state.ms.us/busserv/corp/soskb/verify.asp