

F130000001615

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200245227712

03/08/13--01016--006 **70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 APR 12 PM 12:53

FILED

MRS
4/15/13

12953

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: MIGRANT HEALTH PROMOTION, INC.

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:

CATHRINE DIAZ

Name of Person

MIGRANT HEALTH PROMOTION, INC.

Firm/Company

7282 55TH AVENUE EAST #219

Address

BRADENTON, FL 34203

City/State and Zip Code

CDIAZ@MIGRANTHEALTH.ORG

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

For further information concerning this matter, please call:

CATHRINE DIAZ

Name of Person

at (**956**) **968-3600 x1026**

Area Code & Daytime Telephone Number

MAILING ADDRESS:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 11, 2013

CATHERINE DIAZ
MIGRANT HEALTH PROMOTION, INC.
7282 55TH AVENUE EAST #219
BRADENTON, FL 34203

SUBJECT: MIGRANT HEALTH PROMOTION, INC.
Ref. Number: W13000013953

We have received your document for MIGRANT HEALTH PROMOTION, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Ruby Dunlap
Regulatory Specialist II

Letter Number: 313A00005708

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. MIGRANT HEALTH PROMOTION, INC.
(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.)
2. MICHIGAN 3. 38-3092194
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 12/8/1992 5. PERPETUAL
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. _____
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 2111 GOLFSIDE DRIVE, SUITE 2B, YPSILANTI, MI 48197
(Principal office address)
- _____
(Current mailing address)

8. PLEASE SEE ATTACHMENT
(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: COLLEEN REINERT

Office Address: 7282 55TH AVENUE EAST #219

BRADENTON, Florida 34203
(City) (Zip Code)

FILED
13 APR 12 PM 12:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Colleen Reinert
(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. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: _____
Address: _____

Vice Chairman: _____
Address: _____

Director: _____
Address: _____

Director: _____
Address: _____

B. OFFICERS

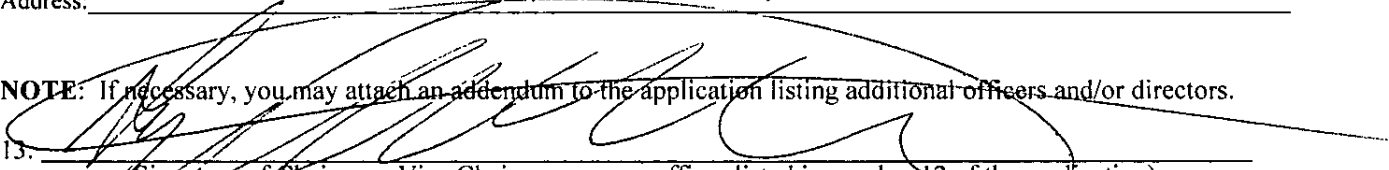
President: **FABIO ARCILA, JR.**
Address: **53 BOERUM PL., #2K**
BROOKLYN, NY 11201

Vice President: **JOHN A. GALLAGHER**
Address: **615 ELSINORE PLACE**
CINCINNATI, OH 45202

Secretary: **GAYLE LAWN-DAY**
Address: **5220 W. AGATE STREET, PASCO, WA 78552**

Treasurer: **MICHELLE ROSALES**
Address: **1718 HICKORY AVENUE, FRUITLAND, ID 83619**

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

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

14. **GAYLE LAWN-DAY, CEO**
(Typed or printed name and capacity of person signing application)

FILED
13 APR 12 PM 12:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FILED
 13 APR 12 PM 12:53
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Board of Directors

BOARD INFORMATION
<p>Fabio Arcila, Jr. Professor of Law, Touro Law Center</p> <p>President <i>Committee(s): Finance & Public Relations</i> Term Ends: November 2014</p>
<p>John A. Gallagher, PhD Corporate Director of Ethics, Catholic Healthcare Partners</p> <p>Vice President <i>Committee(s): Board Affairs</i> Term Ends: November 2014</p>
<p>Rodney Gomez, MFA, MA Program Administrator, Valley Metro</p> <p><i>Committee(s): Public Relations</i> Term Ends: November 2015</p>
<p>Gayle A. Lawn-Day, PhD Chief Executive Officer, Migrant Health Promotion</p> <p>Secretary <i>Committee(s): Finance</i></p>
<p>Judith Mouch, RSM Associate Professor of Nursing, University of Detroit Mercy</p> <p><i>Committee(s): Board Affairs</i> Term Ends: November 2014</p>
<p>Amanda Philips Martinez, MPH Senior Research Associate, Georgia Health Policy Center Georgia State University</p> <p><i>Committee(s): Board Affairs</i> Term Ends: November 2015</p>
<p>Michelle Rosales, MBA Regional Director, Malheur County Center Eastern Oregon University</p> <p>Treasurer <i>Committee(s): Finance</i> Term Ends: November 2014</p>

Melissa A. Valerio

Associate Professor, University of Texas School of Public Health at Houston

Committee (s): Finance

Term Ends: November 2014

John Vineyard, MHA

Project Manager, Physician Services

Catholic Health Partners

At-Large

Committee(s): Finance

Term Ends: November 2015

FILED

13 APR 12 PM 12: 53

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

FLORIDA
7282 55th Avenue East #219
Bradenton, FL 34203
800-461-8394



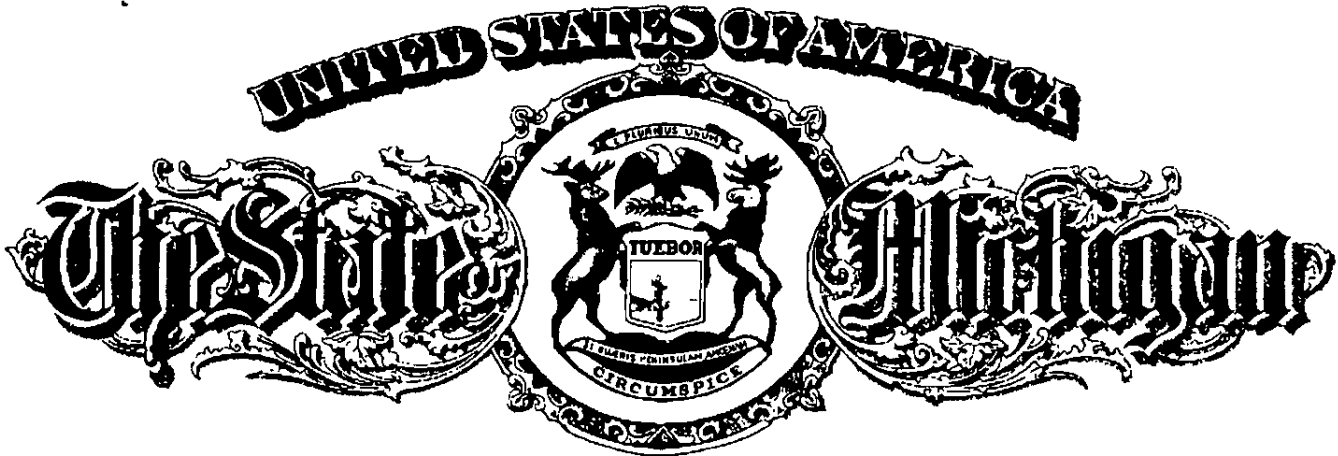
OFFICES IN
FLORIDA - OHIO
MICHIGAN - TEXAS
WASHINGTON
13 APR 12 PM 12:53
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RE: Application by Foreign Nonprofit Corporation for
Authorization to Conduct Its Affairs in Florida

13 APR 12 PM 12:53
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**Purpose(s) of corporation authorized in home state or country to
be carried out in the state of Florida:**

Using the Promotor(a) model, Migrant Health Promotion provides culturally-appropriate health education and outreach and sustainable community development to farmworker, migrant, border, and/or other underserved or isolated communities throughout the nation.



Department of Licensing and Regulatory Affairs
Lansing, Michigan

This is to Certify That

MIGRANT HEALTH PROMOTION, INC.

was validly incorporated on December 8, 1992, as a Michigan nonprofit corporation, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1982 PA 162, as amended, to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to conduct affairs in Michigan and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

FILED
13 APR 12 PM 12:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 3rd day of April, 2013.

 Director

Bureau of Commercial Services