

F/500000/184

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

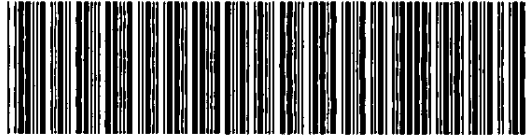
(Business Entity Name)

(Document Number)

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03/23/15

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Centro Gerontologico Latino, 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:

Mario E. Tapia

Name of Person

Latino Center on Aging

Firm/Company

1133 Broadway, Suite 708

Address

New York, NY 10010

City/State and Zip Code

mtapia@gerolatino.org

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

For further information concerning this matter, please call:

Mario E Tapia

Name of Person

at (212)

330-8120

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

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. Centro Gerontologico Latino, 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.)

Latino Center on Aging

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

2. New York 3. 13-3631719
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 09/10/1991 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. 1133 Broadway, Suite 708, New York, NY 10010
(Principal office address)

PO Box 800842, Miami FL 33280
(Current mailing address)

8. To enhance living conditions of Hispanic elderly through community education
(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: Mario E Tapia

Office Address: 2750 NE 183rd Street, Apt. 305

Aventura, Florida 33160
(City) (Zip Code)

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.



(Registered agent's signature) 3/15/15

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.

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12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: Doris Colon
Address: 930 Thieriot Avenue, Apt. 17-A
Bronx, NY 10473

Vice Chairman: Carmen D. Sanchez
Address: PO BOX 22039
Rio Piedras, PR 22039

Director: Rafael Pi Roman
Address: 450 West 33rd Street
New York, NY 10001

Director: Jean C. Fuentes
Address: 205 East 67th Street
New York, NY 10065

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B. OFFICERS

President: Doris Colon
Address: 930 Thieriot Avenue, Apt. 17-A
Bronx, NY 10473

Vice President: Same as Vice-Chairman
Address: _____

Secretary: Carrie Matos
Address: 2 Woodridge Lane, New Fairfield, CT 06812

Treasurer: Adriene Rosell
Address: 6139 Fieldston Road, Riverdale, NY 10471

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

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

14. Doris Colon, Chairperson
(Typed or printed name and capacity of person signing application)

State of New York } ss:
Department of State

I hereby certify, that the Certificate of Incorporation of CENTRO GERONTOLOGICO LATINO, INC. was filed on 09/10/1991, as a Not-for-Profit Corporation and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



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WITNESS my hand and the official seal of the Department of State at the City of Albany, this 19th day of February two thousand and fifteen.

Anthony Scardino

Executive Deputy Secretary of State