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13953

## 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)

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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**

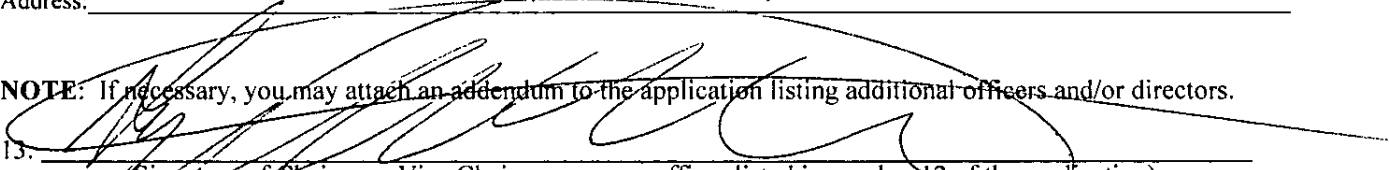
President: FABIO ARCILA, JR.  
Address: 53 BOERUM PL., #2K  
BROOKLYN, NY 11201

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)

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TALLAHASSEE, FLORIDA



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**Board of Directors**

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

**Melissa A. Valerio**

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

***Committee (s): Finance***

Term Ends: November 2014

**John Vineyard, MHSA**

Project Manager, Physician Services

Catholic Health Partners

**At-Large**

***Committee(s): Finance***

Term Ends: November 2015

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**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

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



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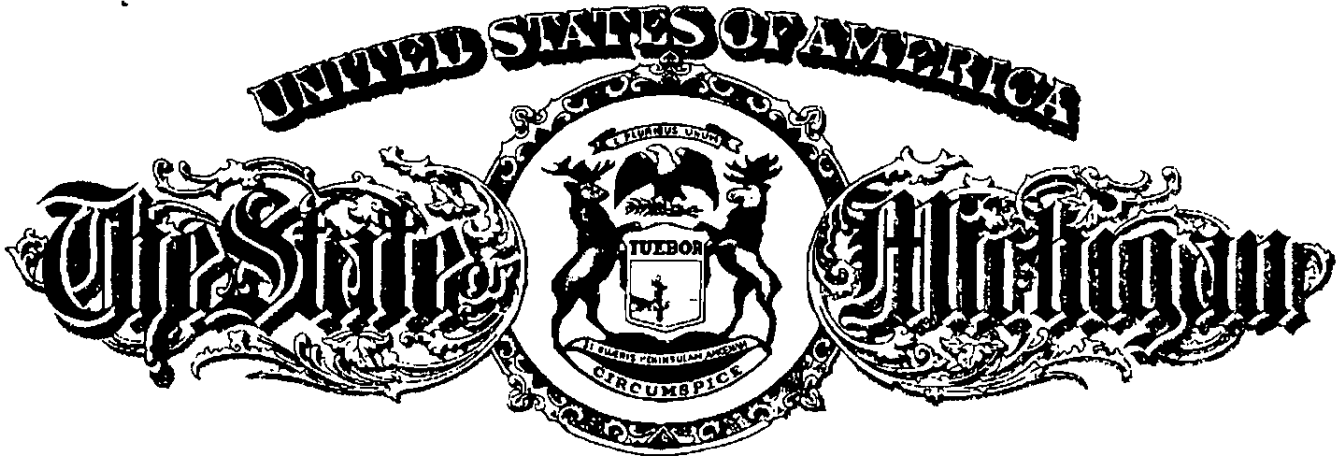
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Authorization to Conduct Its Affairs in Florida

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**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.

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

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TALLAHASSEE, FLORIDA