

FD4000000350

(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:

1/13 FPC

Office Use Only



500025642975

7 JAN 13

01/13/04--01041--001 \*\*70.00

FILED  
04 JAN 13 AM 10:39  
FBI - NEW YORK

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT: ALIRON INTERNATINOAL, INC**

(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

**CORAZON ALISUAG**

(Name of Person)

**ALIRON INTERNATIONAL, INC.**

(Firm/Company)

**5231 MASSACHUSETTS AVENUE**

(Address)

**BETHESDA MD 20816**

(City/State and Zip code)

For further information concerning this matter, please call:

**HONORIO ORLINA**

(Name of Person)

at ( **301** ) **229 1900 EX. 109**

(Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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 CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

**1. ALIRON INTERNATIONAL, INC.**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

**SAME AS ABOVE**

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

**2. DELAWARE**

(State or country under the law of which it is incorporated)

**3. E2-1663488**

(FEI number, if applicable)

**4. NOVEMBER 08 1990**

(Date of incorporation)

**5. PERPETUAL**

(Duration: Year corp. will cease to exist or "perpetual")

**6. OCTOBER 01 2003**

(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

**7. 5231 MASSACHUSETTS AVENUE, BETHESDA MD 20816**

(Principal office address)

**SAME AS ABOVE**

(Current mailing address)

**8. TO PROVIDE HEALTHCARE MANAGEMENT AND SERVICES**

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

**9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)**

Name: NATIONSCORP REGISTERED AGENTS, INC.

Office Address: 526 E. PARK AVENUE

TALLAHASSEE

(City)

Florida 32301

(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.*

Ed Hand, President

(Registered agent's signature)

INC 85J

**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 business addresses of officers and/or directors:**

FILED  
04 JAN 13 AM 10:39  
TALLAHASSEE, FLORIDA  
STATE DEPARTMENT OF REVENUE

## A. DIRECTORS

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

## B. OFFICERS

President: **CORAZON ALISUAG**

Address: **4545 28TH STREET, WASHINGTON DC 20008**

Vice President: **RONALD GROW**

Address: **65 VALERIAN COURT, BETHESDA MD 20852**

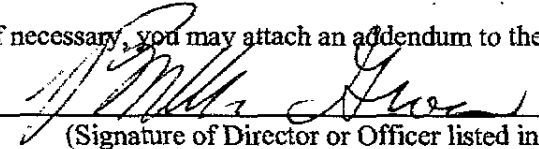
Secretary: **RONALD GROW**

Address: **SAME AS ABOVE**

Treasurer: **CORAZON ALISUAG**

Address: **SAME AS ABOVE**

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

13.   
(Signature of Director or Officer listed in number 12 of the application)

14. **RONALD GROW - EXEC. VICE PRESIDENT**  
(Typed or printed name and capacity of person signing application)

# Delaware

PAGE 1

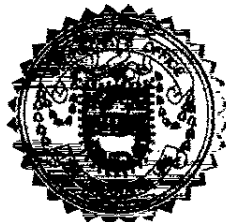
## *The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALIRON INTERNATIONAL, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTH DAY OF JANUARY, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALIRON INTERNATIONAL, INC." WAS INCORPORATED ON THE EIGHTH DAY OF NOVEMBER, A.D. 1990.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.



*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State

2246121 8300

AUTHENTICATION: 2851046

040006546

DATE: 01-06-04