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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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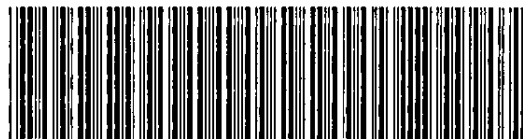
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

J. Shivers MAR 14 2011

W 11-13440

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: AMIGOS DE HONDURAS, 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," or "Certificate of Good Standing" 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:

PATRICIA ELVIR, M.D.

Name of Person

AMIGOS DE HONDURAS, INC.

Firm/Company

319 WEST TOWN PLACE, SUITE 1

Address

ST. AUGUSTINE, FL 32092

City/State and Zip code

PEPINJAX@GMAIL.COM

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

For further information concerning this matter, please call:

PATRICIA ELVIR M.D.

Name of Person

at (904) 252-7834 (Cell) 904-940-1517 (off)

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

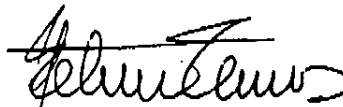
Enclosed is a check for the following amount:

- ☐ \$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

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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. Amigos de Honduras, 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. New York
(State or country under the law of which it is incorporated)
3. _____
(FEI number, if applicable)
4. June 25, 2003
(Date of Incorporation)
5. perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. NA
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 319 West Town Place Suite 1 St Augustine FL 32092
(Principal office address)
1691 Westervelt Ave, Baldwin NY 11510
(Current mailing address)
8. Charitable
(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: Patricia Elvin MD
Office Address: 319 West Town Place
Suite 1 St Augustine, Florida FL 32092
(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)
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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____
_____**B. OFFICERS**President: Patricia Elvir M.D.Address: 14344 Silvertip CtJacksonville FL 32258Vice President: Raul ElvirAddress: 1691 Westervelt AveBaldwin NY 11510

Secretary: _____

Address: _____

Treasurer: William James PonsAddress: 14344 Silvertip Ct Jacksonville FL 32258**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.13. [Signature] president
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)14. Patricia Elvir MD, president
(Typed or printed name and capacity of person signing application)2011 MAR 10 AM 11:47
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State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of AMIGOS DE HONDURAS, INC. was filed on 06/13/2003, 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.



SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 16th day of February two
thousand and eleven.*

First Deputy Secretary of State