

F1200000128L

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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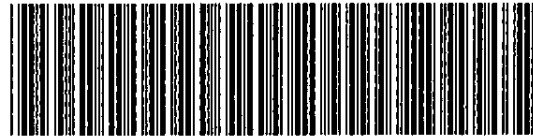
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAR 22 PM 4:18

Ps 3/20/12

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: G.R. Servicios de Salud Integral C.A. Co.

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:

Yuraima Rodriguez

Name of Person

G.R. Servicios de Salud Integral C.A. Co.

Firm/Company

19428 Via del Mar Apt. 201

Address

Tampa, Florida 33647-3054

City/State and Zip code

healtheducationalservices@gmail.com; servicioseducativossalud@gmail.com

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

For further information concerning this matter, please call:

Yuraima Rodriguez

Name of Person

at (813) 447-6592

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

**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. G.R. Servicios de Salud Integral C.A. Co.

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

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

2. Venezuela

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

3. _____

(FEI number, if applicable)

4. 12/01/2011

(Date of incorporation)

5. 30 years

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

6. N/A

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. Calle Mocoties Casa No. 5-C Urbanizacion Roraima. La Morita. Maracay, Aragua Venezuela

(Principal office address)

Same above

(Current mailing address)

8. Health educational services and Importing/Exporting health devices

(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 NOT acceptable)

Name: Yuraima Rodriguez

Office Address: 19428 Via del Mar Apt. 201

Tampa

(City)

, Florida 33647

(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 business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Luis J. Galindez A.

Address: Calle Mocoties Casa No. 5-C Urbanizacion Roraima La Morita, Maracay Aragua Venezuela

Vice President: Yuraima Rodriguez

Address: 19428 Via del Mar Apt. 201 Tampa, Florida 33647-3054

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Luis J. Galindez A.

(Typed or printed name and capacity of person signing application)

BOLIVARIAN REPUBLIC OF VENEZUELA
Ministry of the Popular Power for Interior Relations and Justice

Services of the Registries and Notaries
2nd. Commerce Registry of the State of Aragua

RM No.284
201 & 152

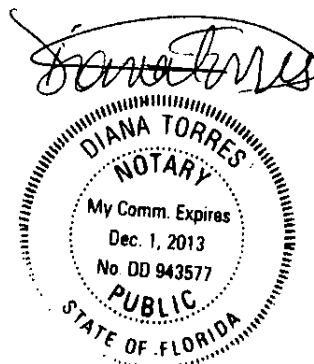
Attorney CARLOS ALBERTO MONTERO ALVAREZ, Recorder of 2nd Commerce for
the State of Aragua

CERTIFIES

The journal entry in the register of commerce transcribed as follows, whose
original is registered in **Volume 133-A 2nd Commerce Registry Number 15, Year
2011**, as well The Notice, Note and Document attached herein have been traced
true to the originals, which are on the Folio:

284-14692

THIS FOLIO BELONGS TO:
G.R. SERVICIOS DE SALUD INTEGRAL, C.A.
File number: 284-14692



March 19th, 2012

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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REPÚBLICA BOLIVARIANA DE VENEZUELA

*** MINISTERIO DEL PODER POPULAR PARA RELACIONES INTERIORES Y JUSTICIA ***



SERVICIO AUTÓNOMO DE REGISTROS Y
NOTARIAS.
REGISTRO MERCANTIL SEGUNDO DEL
ESTADO ARAGUA

RM No. 284
201° y 152°

Abogado CARLOS ALBERTO MONTERO ALVAREZ, Registrador Mercantil Segundo
Suplente del Estado Aragua

C E R T I F I C A

Que el asiento de Registro de Comercio transcrito a continuación, cuyo original está inscrito en el Tomo: **133-A REGISTRO MERCANTIL II**. Número: **15** del año **2011**, así como La Participación, Nota y Documento que se copian de seguida son traslado fiel de sus originales, los cuales son del tenor siguiente:

284-14692

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAR 22 PM 4:19

ESTE FOLIO PERTENECE A:
G.R. SERVICIOS DE SALUD INTEGRAL, C.A
Número de expediente: **284-14692**

SAREN



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

12 MAR 22 PM 4:18

REPÚBLICA BOLIVARIANA DE VENEZUELA

*** MINISTERIO DEL PODER POPULAR PARA RELACIONES INTERIORES Y JUSTICIA ***



SERVICIO AUTÓNOMO DE REGISTROS Y
NOTARÍAS.
REGISTRO MERCANTIL SEGUNDO DEL
ESTADO ARAGUA

RM No. 284
201° y 152°

Municipio Girardot, 1 de Diciembre del Año 2011

Por presentada la anterior participación. Cumplidos como han sido los requisitos de Ley, inscribese en el Registro Mercantil junto con el documento presentado; fijese y publíquese el asiento respectivo; fórmese el expediente de la Compañía y archívese original junto con el ejemplar de los Estatutos y demás recaudos acompañados. Expídase la copia de publicación. El anterior documento redactado por el Abogado SENDY LOURDES PINEDA GUZMAN IPSA N.: 147956, se inscribe en el Registro de Comercio bajo el Número: 15, TOMO -133-A REGISTRO MERCANTIL II. Derechos pagados BS: 506,16 Según Planilla RM No. 28400061039, Banco No. 000288220-58 Por BS: 598,80. La identificación se efectuó así: SENDY LOURDES PINEDA GUZMAN, C.I: V-15.129.997.

Abogado Revisor: CARMARYS CAROLINA CORREA CASTAÑEDA

Registrador Mercantil Segundo Suplente del Estado Aragua
BO. Abogado CARLOS ALBERTO MONTERO ALVAREZ



ESTA PÁGINA PERTENECE A:
G.R. SERVICIOS DE SALUD INTEGRAL, C.A.
Número de expediente: 284-14692
CONST



SAREN