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11/1

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** WORLD HOSPITAL RAFAELA QUIANES, 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 Good Standing" 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:

CARMELO R BONILLA  
Name of Person

WORLD HOSPITAL RAFAELA QUIANES, INC  
Firm/Company

PO BOX 771312  
Address

ORLANDO/FLORIDA 32877  
City/State and Zip Code

DRCARBO@HOTMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARMELO R BONILLA at ( 718 ) 759-8219  
Name of Person 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

October 22, 2012

CARMELO R BONILLA  
PO BOX 771312  
ORLANDO, FL 32877

SUBJECT: WORLD HOSPITAL RAFAELA QUIANES, INC  
Ref. Number: W12000053976

We have received your document for WORLD HOSPITAL RAFAELA QUIANES, INC and your check(s) totaling \$87.05. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 612A00025915

**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. WORLD HOSPITAL RAFAELA QUIANES, 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. PUERTO RICO 3. 66-0790779  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 09/04/2012 5. PERPETUAL  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. NONE  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 14902 BRAYWOOD TRL ORLANDO FLORIDA 32824  
(Principal office address)
- PO BOX 771312 ORLANDO FLORIDA 32877  
(Current mailing address)

8. WORK MAILING AND PAYMENTS  
(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: CARMELO R BONILLA

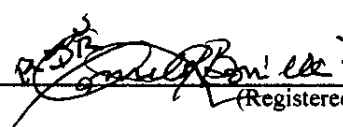
Office Address: 14902 BRAYWOOD TRL

ORLANDO, Florida 32824  
(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.*

  
(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: CARMELO R BONILLA

Address: 14902 BRAYWOOD TRL ORLANDO FLORIDA 32824

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

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

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

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

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

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

**B. OFFICERS**

President: CARMELO R BONILLA

Address: 14902 BRAYWOOD TRL ORLANDO FLORIDA 32824

Vice President: \_\_\_\_\_

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

Secretary: \_\_\_\_\_

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

Treasurer: \_\_\_\_\_

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

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

13. CARMELO R BONILLA Chairman  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. CARMELO R BONILLA **CARMELO R BONILLA/PRESIDENT**  
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Government of Puerto Rico  
Department of State

Transaction Date: 04-Sep-2012  
Register No: 316439  
Order No: 493458

**Government of Puerto Rico  
Department of State**

**Certificate of Incorporation of a Non-Stock Corporation**

**Article I - Corporation Name**

The name of the Domestic Corporation is: **WORLD HOSPITAL RAFAELA QUIANES, INC.**

Desired term for the corporation's name is: **Inc.**

**Article II - Designated Office and Resident Agent**

Its designated office in the Commonwealth of Puerto Rico will be located at:

Street Address **calle aponte, apt 104, san juan, PR, 00911**  
Mailing Address **PO BOX 771312, ORLANDO, PR, 32877**

The name, street and mailing address of the Resident Agent in charge of said office is:

Name **BONILLA, CARMELO R**  
Street Address **calle aponte, apt 104, san juan, PR, 00911**  
Mailing Address **PO BOX 771312, ORLANDO, PR, 32877**  
Email **drcarbo@hotmail.com**

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**Article III - Nature of Business**

This is a Non-Profit corporation whose nature of business or purpose is as follows:

**HOSPITAL MUNDIAL DE LA SALUD, ORGANIZACION CON LOS MISMOS FINES HUMANITARIOS DE LAS NACIONES UNIDAS, LA ORGANIZACION MUNDIAL DE LA SALUD, ORGANIZACION DE ESTADOS AMERICANOS. IGLESIA UNIVERSAL, FUNDACION PARA LA HUMANIDAD. UNIVERSIDAD DE MEDICINA Y TODO LO PERMITIDO DOMESTICO E INTERNACIONAL. ACEPTAMOS AL INTERNATIONAL CHARTER COMO LEY EN TODAS NUESTROS ESTATUTOS.**

The principal nature of services or purposes that are better described is as follows:

**International Activities**

The organization form that best identifies this corporation is as follows:

**Religious Organization**

**Article IV - Capital Stock**

The corporation shall not have the authority to issue any capital stock.

**Article V - Conditions of Membership**

The conditions of membership, if any, are: