

F14000004984

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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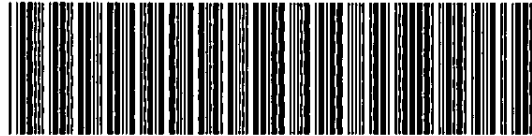
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**COVER LETTER**

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

**SUBJECT:** COBERTURAS MEDICAS, CORP.

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:

Roberto R. Llavin, Esq.

Name of Person

Coberturas Medicas, Corp.

Firm/Company

989 W Kennedy Blvd, Suite 201

Address

Orlando, FL 32810

City/State and Zip code

rollavina@me.com

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

For further information concerning this matter, please call:

Roberto R. Llavin at ( 407 ) 960-3063

Name of Person

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. **COBERTURAS MEDICAS, CORP.**

(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. **PUERTO RICO** 3. **66-0754063**

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

(FEI number, if applicable)

4. **October 8, 2010** 5. **Perpetual**

(Date of incorporation)

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

6. **December 1st, 2014**

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **989 W Kennedy Blvd, Suite 201, Orlando, FL 32810**

(Principal office address)

**989 W Kennedy Blvd, Suite 201, Orlando, FL 32810**

(Current mailing address)

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8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: **Roberto R. Llavin, Esq.**

Office Address: **989 W Kennedy Blvd, Suite 201**

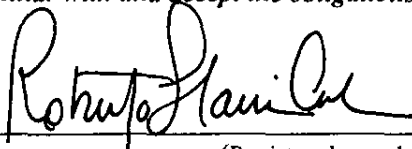
**Orlando**, Florida **32810**

(City)

(Zip code)

9. **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)

10. 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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11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Roberto R. Llavina, Esq.  
Address: 989 W Kennedy Blvd, Suite 201  
Orlando, FL 32810

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TALLAHASSEE, FLORIDA

Vice Chairman: Joaquin Rodriguez  
Address: PO Box 7589  
Caguas, PR 00726-7589

Director: Alfredo Beauchamp  
Address: PO Box 7589  
Caguas, PR 00726-7589

Director: Armando J. Rodriguez  
Address: PO Box 7589  
Caguas, PR 00726-7589

B. OFFICERS

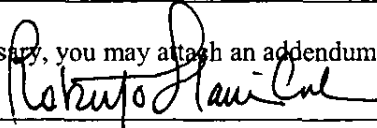
President: Roberto R. Llavina, Esq.  
Address: 989 W Kennedy Blvd, Suite 201  
Orlando, FL 32810

Vice President: Joaquin Rodriguez  
Address: PO Box 7589  
Caguas, PR 00726-7589

Secretary: Ivelisse Aldea  
Address: 989 W Kennedy Blvd, Suite 201, Orlando, FL 32810

Treasurer: Roberto R. Llavina, Esq.  
Address: 989 W Kennedy Blvd, Suite 201, Orlando, FL 32810

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

12.   
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.

13. Roberto R. Llavina - President

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

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AND  
FILED

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Gobierno de Puerto Rico  
DEPARTAMENTO DE ESTADO  
San Juan, Puerto Rico

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## CERTIFICADO DE REGISTRO

Yo, **KENNETH McCLINTOCK HERNÁNDEZ**, Secretario de Estado del Gobierno de Puerto Rico,

CERTIFICO Que "COBERTURAS MEDICAS CORP.", registro 199937, es una corporación con fines de lucro organizada bajo las leyes de Puerto Rico el 8 de octubre de 2010, a las 11:48 AM.



EN TESTIMONIO DE LO CUAL, firmo el presente y hago estampar en él el Gran Sello del Estado Libre Asociado de Puerto Rico, en la ciudad de San Juan, hoy 8 de octubre de 2010.

*Kenneth H. McClintock*  
**KENNETH McCLINTOCK HERNÁNDEZ**  
Secretario de Estado



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AND  
FILED

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Commonwealth of Puerto Rico  
**DEPARTMENT OF STATE**  
San Juan, Puerto Rico

## CERTIFICATE OF GOOD STANDING

I, **DAVID E. BERNIER RIVERA**, Secretary of State of the Commonwealth of Puerto Rico,

**CERTIFY:** That, **COBERTURAS MEDICAS CORP.**, register number **199937**, a **for profit domestic** corporation, organized under the laws of Puerto Rico, has complied with the filing of its Annual Reports.



**IN WITNESS WHEREOF**, the undersigned by virtue of the authority vested by law, hereby issues this certificate and affixes the Great Seal of the Commonwealth of Puerto Rico, in the City of San Juan, Puerto Rico, today, **October 24, 2014**.

**DAVID E. BERNIER RIVERA**  
Secretary of State

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To validate this certificate go to: <http://www.estado.gobierno.pr>

This certificate can be validated up to 2 times before its expiration date of 22-Jan-2015.

Certificate Validation Number: **90688-22363335**