F15000036666

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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N. Cuilligan AUG 20 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COMPAÑIA DE ASISTENCIA INTEGRAL S.A., 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:

MARIA DEL PILAR LOZANO MANCIPE
Name of Person

Firm/Company

3505 SOUTH OCEAN DR., # 1203
Address

HOLLYWOOD, FL 33019
City/State and Zip code

PILAR.LOZANO@CORIS.COM.AR
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PILAR LOZANO at (786) 273-0373
Name of Person | Area Code | Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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. COMPAÑIA DE ASISTENCIA INTEGRAL S.A., 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. ARGENTINA
(State or country under the law of which it is incorporated)

3. _____
(FEI number, if applicable)

4. JUNE 17, 2014
(Date of incorporation)

5. _____
(Date of duration, if other than perpetual)

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

7. 3505 South Ocean Dr. # 1203, Hollywood FL 33019
(Principal office address)

_____
(Current mailing address, if different)

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TALLAHASSEE, FLORIDA

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

Name: MARIA DEL PILAR LOZANO MANCIPE

Office Address: 3505 SOUTH OCEAN DR., # 1203

HOLLYWOOD (City), Florida 33019 (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.

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

A. DIRECTORS

Chairman: _____

Address: _____

_____

Vice Chairman: _____

Address: _____

_____

Director: _____

Address: _____

_____

Director: _____

Address: _____

_____

B. OFFICERS

President: Maria Del Pilar Lozano Mancipe

Address: Moreau De Justo A. Av 240 Piso 4

Buenos Aires Argentina

Vice President: _____

Address: _____

_____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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 11 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. Maria Del Pilar Lozano Mancipe, President

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

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TALLAHASSEE, FLORIDA

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2015 – "Bicentennial year of the Congress of Free People"

Ministry of Justice and Human Rights
General Inspectorate of Justice

I CERTIFY that the **"COMPAÑIA DE ASISTENCIA SOCIEDAD ANÓNIMA"** was registered on June seventeenth, two thousand fourteen under the number ten thousand nine hundred seventy-nine, in Ledger sixty nine, of Corporations. The computer system verifies that **the corporation is active**. At the request of the party concerned and in order to be presented to whom it may concern, subject to the timely enforcement by this agency concerning the annual fees that may become due, this is issued in Buenos Aires, on August sixth, two thousand and fifteen. ----------

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MINISTERIO DE JUSTICIA - INSPECCION GENERAL DE JUSTICIA

Mr. Mariano Coronado
Chief
General Distributing Department
General Inspectorate of Justice

IGJ

Ministerio de Justicia y Derechos Humanos

Inspección General de Justicia

CERTIFICO: Que la sociedad **"COMPAÑIA DE ASISTENCIA INTEGRAL SOCIEDAD ANÓNIMA"** inscripta con fecha diecisiete de junio de dos mil catorce, bajo el número diez mil novecientos setenta y nueve, del Libro sesenta y nueve, de Sociedades por Acciones. Según surge del sistema informático, **la sociedad se encuentra vigente**. A solicitud de la parte interesada y a efectos de ser presentado ante quien corresponda, sin perjuicio de la oportuna exigibilidad por parte de este organismo de las tasas anuales que pudiera adeudar, se expide el presente en Buenos Aires, a los seis días del mes de agosto del año dos mil quince.----------

I.G.J.

MINISTERIO DE JUSTICIA - INSPECCION GENERAL DE JUSTICIA

Lic MARIANO CORONADO
JEFE
AREA DESPACHO GENERAL
INSPECCION GENERAL DE JUSTICIA

EL MINISTERIO DE JUSTICIA, Y DERECHOS HUMANOS. Certifica que la firma que antecede en este documento y que dice: Lic. Mariano Coronado. Jefe Area Despacho General. Inspección General de Justicia. guarda similitud con la que obra en nuestros registros.

BUENOS AIRES, 12 AGO 2015

LUIS C. MOSQUERA
A/C. DESPACHO
Dpto. Mesa de Entradas e Información al Público
MINISTERIO DE JUSTICIA Y DERECHOS HUMANOS

IGJ

REPÚBLICA ARGENTINA

MINISTERIO *de*
RELACIONES EXTERIORES
Y CULTO

APOSTILLE
(Convention de la Haye du 5 octobre 1961)

1. País ARGENTINA
   El presente documento público
2. Ha sido firmado por LUIS C. MOSQUERA
3. Quien actúa en calidad de FUNCIONARIO HABILITANTE
4. Lleva el sello/timbre de MINISTERIO DE JUSTICIA Y DERECHOS HUMANOS
   Certificado
5. En BUENOS AIRES 6. El día 12/08/2015
7. Por UNIDAD DE COORDINACION LEGALIZACIONES
   MINISTERIO DE RELACIONES EXTERIORES Y CULTO
8. Bajo el Número: 161752/2015
9. Sello/Timbre: 45

Gustavo A. BELLUOMINI
Unidad de Coordinación de Legalizaciones
Ministerio de Relaciones Exteriores y Culto
10. Firma

CANCILLERIA ARGENTINA

Tipo de Documento: CERTIFICADO DE INSPECCION GENERAL DE JUSTICIA
Titular del Documento: COMPAÑIA DE ASISTENCIA INTEGRAL SA

2015161752

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