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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC 21 2015  
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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

DIAGNOSTICO AGUDO Y MEDICOS ESPECIALISTAS DAME S.A. DAMESA, CORP

**SUBJECT:** \_\_\_\_\_

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:  
ALEJANDRO PICHARDO

\_\_\_\_\_  
Name of Person  
ACCOUNTING CENTER OF ORLANDO LLC

\_\_\_\_\_  
Firm/Company  
1150 WEST STATE RD 436

\_\_\_\_\_  
Address  
ALTAMONTE SPRINGS, FL 32714

\_\_\_\_\_  
City/State and Zip code  
APICHARDO@ACCOUNTINGORL.COM

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

For further information concerning this matter, please call:

ALEJANDRO PICHARDO                      407                      574-5839  
\_\_\_\_\_  
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.*

DIAGNOSTICO AGUDO Y MEDICOS ESEPECIALISTAS DAME S.A. DAMESA, CORP

1. \_\_\_\_\_  
(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)  
ECUADOR

2. \_\_\_\_\_ 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)  
03/22/2002 06/06/2032

4. \_\_\_\_\_ 5. \_\_\_\_\_  
(Date of incorporation) (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)  
428 BREAKWATER DR, ALTAMONTE SPRINGS, FL 32714

7. \_\_\_\_\_  
(Principal office address)

\_\_\_\_\_  
(Current mailing address, if different)

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

Name: ACCOUNTING CENTER OF ORLANDO LLC

1150 WEST STATE RD 436

Office Address: ALTAMONTE SPRINGS

\_\_\_\_\_, Florida 32714

(City) (Zip code)

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TALLAHASSEE, FLORIDA

**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**

PABLO JIMENEZ

Chairman:

18 DE SEPTIEMBRE Y AVE. UNIVERSITARIA NO OE5-118 BARRIO MIRAFLORES, QUITO ECUADOR

Address:

REBECCA MOSQUERA

Vice Chairman:

18 DE SEPTIEMBRE Y AVE. UNIVERSITARIA NO OE5-118 BARRIO MIRAFLORES, QUITO ECUADOR

Address:

BOLIVAR MOSQUERA

Director:

18 DE SEPTIEMBRE Y AVE. UNIVERSITARIA NO OE5-118 BARRIO MIRAFLORES, QUITO ECUADOR

Address:

Director:

Address:

**B. OFFICERS**

JONATHAN MOSQUERA

President:

428 BREAKWATER DR, ALTAMONTE SPRINGS, FL 32714

Address:

NARCISA VALDIVIEZO

Vice President:

428 BREAKWATER DR, ALTAMONTE SPRINGS, FL 32714

Address:

Secretary:

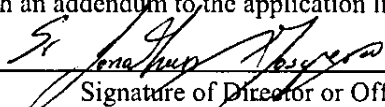
Address:

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.

JONATHAN MOSQUERA

13.

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

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15 DEC 21 AM 7:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**SUPERINTENDENCIA  
DE COMPAÑÍAS, VALORES Y SEGUROS**



**REPÚBLICA DEL ECUADOR**

**SUPERINTENDENCIA DE COMPAÑÍAS DEL ECUADOR - REGISTRO DE SOCIEDADES**

**CERTIFICADO DE CUMPLIMIENTO DE OBLIGACIONES Y EXISTENCIA LEGAL**

**DENOMINACIÓN DE LA COMPAÑÍA:**

DIAGNOSTICO AGUDO Y MEDICOS ESPECIALISTAS DAME S.A. DAMESA

**NÚMERO DE EXPEDIENTE:**

93010

**RUC:**

1791837320001

**CAPITAL SOCIAL:**

800.0000

**DIRECCIÓN:**

18 DE SEPTIEMBRE Y AV. UNIVERSITARIA No. OE5-118 BARRIO: MIRAFLORES

**TELÉFONO:**

022565753

**DOMICILIO:**

QUITO

**CUMPLIMIENTO DE OBLIGACIONES:**

SI

HA CUMPLIDO

**LA COMPAÑÍA TIENE ACTUAL EXISTENCIA JURÍDICA Y SU PLAZO SOCIAL CONCLUYE EL:**

06/06/2032

Siendo responsabilidad del Representante Legal la veracidad de la información remitida a esta Institución, de conformidad con los artículos 20, 23 y 449 de la Ley de Compañías; certifico que esta compañía ha cumplido con sus obligaciones.

FMLED  
15 DEC 21 AM 7:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FECHA DE EMISIÓN:** 09/12/2015

Es obligación de la persona o servidor público que recibe este documento validar su autenticidad ingresando al portal web [www.supercias.gob.ec/portaldeinformación/verifica.php](http://www.supercias.gob.ec/portaldeinformación/verifica.php) con el siguiente código de seguridad:





Factura: 001-002-000024946-0001-15-LEDA-011-20151701016D11430

**COPIA DE COMPULSA N° 20151701016D11430**

RAZÓN: De conformidad al Art. 18 numeral 5 de la Ley Notarial, doy fe que la(s) fotocopia(s) que antecede(n) es(son) **compulsa del documento CERTIFICADO DE CUMPLIMIENTO DE OBLIGACIONES Y EXISTENCIA LEGAL DE DAMESA S.A.** que me fue exhibido en 1 foja(s) útil(es). Una vez practicada la certificación(es) se devuelve el(los) documento(s) en 1 foja(s), conservando una copia de ellas en el Libro de Diligencias. La veracidad de su contenido y el uso adecuado del(los) documento(s) certificado(s) es de responsabilidad exclusiva de la(s) persona(s) que lo(s) utiliza(n).

QUITO, a 9 DE DICIEMBRE DEL 2015, (13:11).

NOTARIO(A) PABLO ARTURO VASQUEZ MENDEZ

NOTARÍA DÉCIMA SEXTA DEL CANTON QUITO





REPÚBLICA DEL ECUADOR  
MINISTERIO DE RELACIONES EXTERIORES  
Y MOVILIDAD HUMANA

# APOSTILLE

(Convention de la Haye du 5 de octubre 1961)

1. Pais: **ECUADOR**  
Country:

El presente documento público  
This public document

2. Ha sido suscrito por: **PABLO VASQUEZ MENDEZ**  
Has been signed by:

3. Actuando en su calidad de: **NOTARIO DECIMO SEXTO DEL**  
Acting in the capacity of: **CANTO QUITO**

4. Llevando el sello/timbre de: **NOTARIA DECIMA SEXTA DEL**  
Bears the seal/stamp of: **CANTON QUITO**

Certificado  
Certified

5. En: **QUITO** 6. El: **9 Diciembre 2015**  
At: Date:

7. Por: **MARCO RICARDO SAMANIEGO**  
By: **SALAZAR**  
**JEFE DE LA UNIDAD DE**  
**LEGALIZACIONES**  
**UNIDAD DE LEGALIZACIONES**

8. N°: **3577416** **3577416STILLA**  
N°:

9. Sello/Timbre: 10. Firma:  
Seal/Stamp: Signature:

USD 10 USD 10 USD 10 USD 10 USD 10 USD 10 USD 10 USD 10 USD 10 USD 10



**REPUBLIC OF ECUADOR**

SUPERINTENDENCY OF COMPANIES OF ECUADOR – REGISTER OF COMPANIES

**CERTIFICATE OF COMPLIANCE WITH OBLIGATIONS AND LEGAL EXISTENCE**

NAME OF THE COMPANY: DIAGNOSTICO AGUDO Y MEDICO ESPECIALISTAS DAME S.A.  
DAMESA

NUMBER OF RECORD: 93010

RUC: 1791837320001

SOCIAL CAPITAL: 800,0000

ADDRESS: 18 DE SEPTIEMBRE Y AV. UNIVERSITARIA No. OE5-118 BARRIO: MIRAFLORES

PHONE: 022565753

HOME: QUITO

COMPLIANCE WITH OBLIGATIONS    **YES**    HAS FULFILLED

THE COMPANY HAS CURRENT LEGAL EXISTENCE AND ITS LIMITED LIFE EXPIRES  
ON 06/06/2032

Being the responsibility of the Legal representative of the information submitted to this institution, in accordance with articles 20, 23 and 449 of companies act; I certify that this company has met its obligations.

DATE OF ISSUANCE:        12/09/2015

It is the duty of the person or Server public that it receives this document to validate its authenticity at the web portal [www.supercias.gob/portaldeinformacion/verifica.php](http://www.supercias.gob/portaldeinformacion/verifica.php) with the following code:

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20151701016D11430

**COPY OF CERTIFICATION NO. 20151701016D11430**

REASON: According to article 18 paragraph 5 of the Notarial Act, attest that the photocopy (is) preceding is (are) certified copy of the CERTIFICATE OF COMPLIANCE OF OBLIGATIONS AND LEGAL EXISTENCE OF DAMESA S.A. document that I was displayed in 1 page (s) useful (is). Once Certified (s) is (are) returned the document (s) on 1 page (s), keeping a copy of them in the book of proceedings. The accuracy of its content and the proper use of the document (s) certificate (s) is the exclusive responsibility of (s) person (s) to the (s) uses (n).


QUITO, on 9<sup>th</sup> OF DECEMBER OF 2015, (13:11).

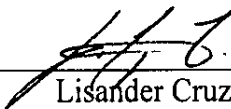
--SIGNATURE INELIGIBLE--

NOTARY PAUL ARTHUR VESQUEZ MENDEZ  
NOTARY SIXTEENTH OF THE CANTON OF QUITO

**CERTIFICATE OF TRANSLATOR'S COMPETENCY**

I, ALEJANDRO PICHARDO, hereby certify that this is an accurate translation of a document written in Spanish and that I am competent in both languages Spanish and English in order to render such translation

  
Alejandro Pichardo

  
Lisander Cruz  
Notary Public



LISANDER CRUZ  
MY COMMISSION # FF 045199  
EXPIRES: August 30, 2017  
Bonded Thru Budget Notary Services

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