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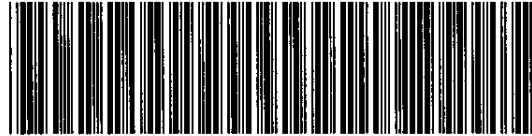
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

FEB 15 2016

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Civitas Plus, 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 Status" 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:

Dr. Iván Bauzá Henríquez
Name of Person

Civitas Plus, Inc.
Firm/Company

615 Etna St.
Caparra Heights
Address

San Juan, PR 00920
City/State and Zip Code

info@civitasplus.org
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Dr. Ivan Bauzá Henríquez at (787) 661-0174
Name of Person Area Code Daytime Telephone Number

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration 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

**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. Civitas Plus, Incorporated
(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.)
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Puerto Rico (USA) 3. 66-076838
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. January 31, 2012 5. _____
(Date of Incorporation) (Date of duration, if other than perpetual)
6. _____
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine penalty liability.)
7. 615 Etna St. Caparra Heights San Juan, PR 00920
(Principal office address)

(Current mailing address, if different)

8. Community Social and Economic Development
(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: Beatriz Galagarza
Office Address: 504 Northlake Drive
Sanford, Florida 32773
(City) (Zip Code)

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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.

B Galagarza
(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: Sylvia Henríquez

Address: 615 Etna St. Caparra Heights San Juan, PR 00920

Vice Chairman: _____

Address: _____

Director: Dr. Iván Bauzá Henríquez - Executive Director

Address: 12-1 Toledo St. Guaynabo, PR 00966

Director: _____

Address: _____

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B. OFFICERS

President: Sylvia Henríquez

Address: 615 Etna St. Caparra Terrace San Juan, PR 00920

Vice President: _____

Address: _____

Secretary: Dainah Kortright

Address: 1816 San Rodolfo St. San Ignacio Río Piedras, PR 00927

Treasurer: Tanus Saad

Address: PO Box 55176 Bayamón, PR 00960

Iván Bauzá Henríquez Executive Director

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

13. [Signature] Ph.D. Executive Director
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Sylvia Henríquez - Chairman
(Typed or printed name and capacity of person signing application)



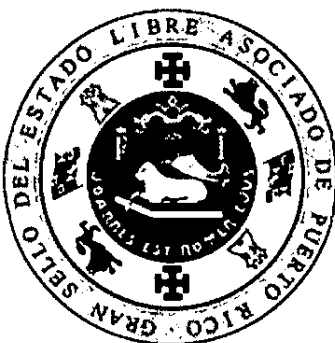
Commonwealth of Puerto Rico
DEPARTMENT OF STATE
San Juan, Puerto Rico

CERTIFICATE OF GOOD STANDING

I, **VÍCTOR A. SUÁREZ MELÉNDEZ**, Secretary of State of the Commonwealth of Puerto Rico,

CERTIFY: That, **CIVITAS PLUS, INC.**, register number **308532**, a non-profit domestic corporation, organized under the laws of Puerto Rico on **January 31, 2012**, has complied with the filing of its Annual Reports.

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TELEPHONE: 781-4000



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, **February 2, 2016**.

VÍCTOR A. SUÁREZ MELÉNDEZ
Secretary of State

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

This certificate can be validated an unlimited number of times before its expiration date of 01-Feb-2017.

Certificate Validation Number: **144384-91279786**