# F16000002335

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
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# **COVER LETTER**

TO: Registration S			
Division of C	-		
CTIP ID CO	n High School, Inc.		
SUBJECT:	Name of corpora	tion - must include suffix	
Dear Sir or Madam:			
"Certificate of Exister	ration by Foreign Corporation nce," or "Certificate of Good sign corporation to transact but	Standing" and check are sub	
Please return all corre Rita Colon	espondence concerning this ma	atter to the following:	
	Name	of Person	min ci
San Juan High School,		of reison	
-	Firm/C	Company	( N )
PO Box 8681			
	A	ddress	
San Juan, PR 00910		•	
ritacolon@hotmail.com		te and Zip code	
	E-mail address: (to be us	ed for future annual report	notification)
For further information	on concerning this matter, plea	se call:	
Rita Colon	787	502-2816	
Name of Pers	son at (	Code Daytime Telep	hone Number
Registration S		MAILING A Registration S	Section
Division of Corporations		Division of Corporations	
Clifton Building 2661 Executive Center Circle		P.O. Box 6327 Tallahassee, FL 32314	
Tallahassee, I		Tallanassee, F	<sup>1</sup> L 32314
Enclosed is a check for	or 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.	San Juan High S						
		orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	ED,'	' "COMPANY," "CORPORATION,"			
	(If name unavaila	able in Florida, enter alternate corporate na	me	adopted for the purpose of transacting busi	ness in Flor	ida)	
2.	Puerto Rico		3.				
	(State or countr	y under the law of which it is incorporated)		(FEI number, if applicab	e)		
4,	8-January-2013		5.	perpetual			
	(Date	of incorporation)		(Date of duration, if other than p	erpetual)		
6.	June 1, 2016						
		•		n Florida, if prior to registration) 502, F.S., to determine penalty liability)			
7.	Cobians Plaza bu	ilding, Suite GM02 Ponce de LeonAve. 160	07 5	Stop 23 1/2, San Juan PR 00907	I¥I Si	5	
		(Pri	ncip	pal office àddress)	Fa	<u> </u>	•
	PO BOx 8681. S	an Juan, PR 00910			三三		
		(Current ma	ailii	ng address, if different)	- XX	20	
8.	Name and street	et address of Florida registered agent: (	(P.0	D. Box <u>NOT</u> acceptable)		웹 2	Ü
	Name:	Rita Colon			200		
o	ffice Address:	800 North Miami Ave. Madison Condo Apt 1501					
		Miami		, Florida <u>33136</u>			
		(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.

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

A. DIRECTORS	
Chairman: Rita Colon	
Address: 800 North Miami Ave. Madison Condo Apt. 1501, Miami 33136	,,,,,
Vice Chairman:	
Address:	
Director: Rita Colon	
A 11 200 North Minni Assa Madinar Conda Ant 1501 Minn 22120	
Address: 600 North Wilaim Ave. Wadnson Condo Apr. 1301, Wilaim 33130	
Discourse and the second secon	
Director:	
Address:	· · · · · · · · · · · · · · · · · · ·
	- IS <b>5</b>
B. OFFICERS	
President: Rita Colon	2 2 E
Address: 800 North Miami Ave Madison Condo Apt 1501, Miami 33136	
	[0] 2
Vice President:	The second secon
Address:	
Secretary: Maria I Vega	
Address: PO Box 8681, San Juan PR 00910	
Treasurer:	, , , , , , , , , , , , , , , , , , , ,
Address:	
NOTE: If necessary, you may attach an addendum to the application listing ac	lditional officers and/or directors.
12. Signature of Director or Officer	
The officer or director signing this document (and who is listed in number 11 a	
are true and that he or she is aware that false information submitted in a docum a third degree felony as provided for in s.817.155, F.S.	ent to the Department of State constitutes
13. Rita Colon CDP	
(Typed or printed name and capacity of person signing	application)



Commonwealth of Puerto Rico

DEPARTMENT OF STATE

San Juan, Puerto Rico

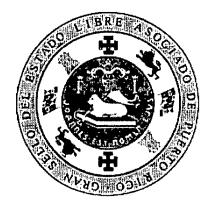


## **CERTIFICATE OF EXISTENCE**

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

**CERTIFY:** That, **SAN JUAN HIGH SCHOOL, INC.**, registry number **320413**, is a **domestic for profit corporation**, organized on **January 8**, **2013**, in accordance to the General Corporations Law, as amended.

This certification does not certify that this corporation has filed its annual reports, pursuant to the requirements of the General Corporations Law, as amended. If you need to know if such reports have been filed, you must request a Certificate of Good Standing.



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, May 16, 2016.

-as

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

Certificate Validation Number: 161675-26498138