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(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

AUG 15 2017

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** The Health Molecule Foundation, Inc.  
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:

Julio E. Rivera

Name of Person

The Health Molecule Foundation, Inc.

Firm/Company

8301 NW 12st, Pembroke Pines, FL 33024

Address

City/State and Zip code

julio.enrique.rivera@live.com

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

For further information concerning this matter, please call:

Julio Rivera

Name of Person

at ( 787 )

Area Code

323 3333

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. The Health Molecule Foundation, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

N/A  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Puerto Rico 3. N/A  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. July 21, 2017 5. N/A  
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 8301 NW 12 St., Pembroke Pines, FL 33024  
(Principal office address)

N/A  
(Current mailing address, if different)

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

Name: Julio E. Rivera

Office Address: 8301 NW 12 st.

Pembroke Pines

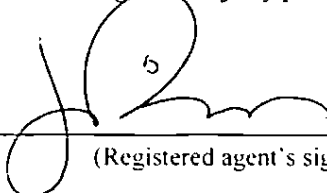
(City)

Florida 33024

(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: Julio E. Rivera

Address: 8301 NW 12 St.  
Pembroke Pines, FL 33024

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Julio E. Rivera

Address: 8301 NW 12 St.  
Pembroke Pines, FL 33024

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. Julio E. Rivera, President

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

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 17 AUG 19 AM 11:49  
BY 610



Government of Puerto Rico

## CERTIFICATE OF REGISTRY

I, **LUIS G. RIVERA MARÍN**, **Secretary of State** of the Government of Puerto Rico;

**CERTIFY:** That **THE HEALTH MOLECULE FOUNDATION INC.**, register number **398191**, is a **Domestic Close Corporation For Profit** organized under the laws of Puerto Rico on this **21st of July, 2017 at 04:37 PM**. The date from which the entity will be effective is **August 1, 2017**.



**IN WITNESS WHEREOF**, the undersigned by virtue of the authority vested by law, hereby issues this certificate and affixes the Great Seal of the Government of Puerto Rico, in the City of San Juan, Puerto Rico, today, **July 21, 2017**.

A handwritten signature in black ink, appearing to be "L. Rivera Marín", written over a horizontal line.

**LUIS G. RIVERA MARÍN**  
Secretary of State