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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

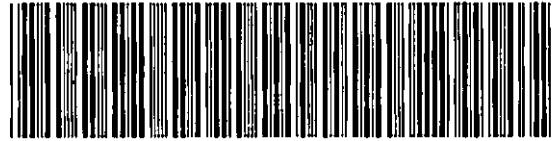
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Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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17 SEP 27 PM 2:25  
DIVISION OF REVENUE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 21, 2017

DE GLBERT RODRIGUEZ JR  
120 W OCEAN DR  
CATANO, PR 00962

SUBJECT: INTERNATIONAL RECIPROCITY BOARD OF THERAPEUTIC  
COMMUNITIES PROFESSIONALS COUNSELORS CERTIFICATION  
CORPORATION  
Ref. Number: W17000068542

We have received your document for INTERNATIONAL RECIPROCITY BOARD OF THERAPEUTIC COMMUNITIES PROFESSIONALS COUNSELORS CERTIFICATION CORPORATION and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons  
Regulatory Specialist II

Letter Number: 017A00017116

2017 SEP 27 AM 9:44

TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** International Reciprocity Board of Therapeutic Communities Professionals  
Counselors Certification, Corporation, (IRBO)  
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. Gilbert Rodríguez, Jr.

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
IRBO, Inc.  
Firm/Company

\_\_\_\_\_  
Urb Bayview

\_\_\_\_\_  
120 West Ocean Drive

\_\_\_\_\_  
Address  
Catano, PR 00962  
\_\_\_\_\_  
City/State and Zip Code

\_\_\_\_\_  
gilrod2@outlook.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dr. Gilbert Rodríguez, Jr. at ( 787 ) 636-5443  
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. International Reciprocity Board of Therapeutic Communities Professionals Counselors Certification Corporation  
(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.)  
(IRBO International, Inc.)

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

2. Puerto Rico 3. 66-0652589  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/30/2004 5. \_\_\_\_\_  
(Date of Incorporation) (Date of duration, if other than perpetual)

6. 10/01/2017  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

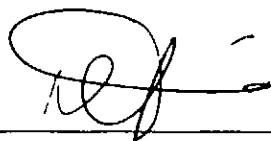
7. 16209 Birchwood Way Orlando, FL 32828  
(Principal office address)  
10658 S.W. 186 St. Miami, Florida 33157  
(Current mailing address, if different)

8. Training, Examination and Certification of Therapeutic Communities Professionals Counselors Certification  
(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)  
Dra. Iris De Jesús

Name: \_\_\_\_\_  
Office Address: 10658 S.W. 186 St. Miami, Florida 33157  
Miami, Florida, 33157  
(City) (Zip Code)

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.*



(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.

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REGISTRATION DIVISION

12. Names and addresses of officers and/or directors

**A. DIRECTORS**

Chairman: \_\_\_\_\_ Dr. Gilbert Rodriguez, Jr. \_\_\_\_\_

Address: \_\_\_\_\_ Urb Bayview \_\_\_\_\_  
\_\_\_\_\_ 120 West Ocean Drive Catano, Puerto Rico 00962 \_\_\_\_\_

Vice Chairman: \_\_\_\_\_ Dr. Josue Alvarez \_\_\_\_\_

Address: \_\_\_\_\_ Urb. Bayview \_\_\_\_\_  
\_\_\_\_\_ 126 West Ocean Drive Catano, Puerto Rico 00962 \_\_\_\_\_

Director: \_\_\_\_\_ Dr. Narciso H. Montas \_\_\_\_\_

Address: \_\_\_\_\_ 10658 S.W. 186 St. Miami, Florida 33157 \_\_\_\_\_

Director: \_\_\_\_\_ Dr. Jorge I. Lafontaine \_\_\_\_\_

Address: \_\_\_\_\_ Bo. Mulitas Tiza Carr 174 Km 19.2 Aguas Buenas, Puerto Rico 00703 \_\_\_\_\_

**B. OFFICERS**

President: \_\_\_\_\_

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

Vice President: \_\_\_\_\_

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

Secretary: \_\_\_\_\_

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

Treasurer: \_\_\_\_\_

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

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**17 SEP 27 PM 2:25**  
 DIVISION OF REGISTRATION

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

13. \_\_\_\_\_  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. \_\_\_\_\_ Dr. Gilberto Rodriguez, Jr. - Chairman  
(Typed or printed name and capacity of person signing application)

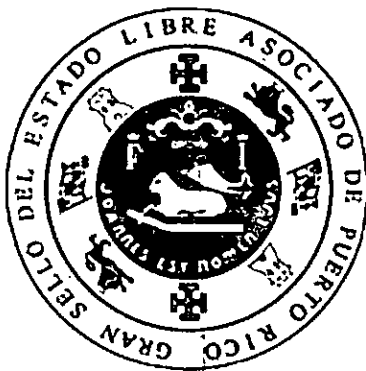


Government of Puerto Rico

## CERTIFICATE OF GOOD STANDING

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

**CERTIFY:** That, **INTERNATIONAL RECIPROCITY BOARD OF THERAPEUTIC COMMUNITIES PROFESSIONALS COUNSELORS CERTIFICATION CORPORATION**, register number **46157**, a non-profit domestic corporation, organized under the laws of Puerto Rico on **November 30, 2004**, has complied with the filing of its Annual Reports.



**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, **August 3, 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

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 03-Aug-2018.

Certificate Validation Number: **218623-15554737**