# F18000003378

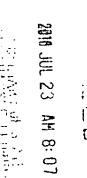
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
Sonke to Materia who muse						
Spoke to Materia who gave permission to add corporation; to name.						
, in the state of						





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07/02/18--01019--022 \*\*70.00



B FIGUEROA JUL 24 2018



July 10, 2018

101 1 , 2018

um. . .

MALENA ARCHULETA 1735 S PUBLIC RD STE 201 LAFAYETTE, CO 80026

SUBJECT: CLINICA CAMPESINA/FAMILY HEALTH SERVICES

Ref. Number: W18000063009

We have received your document for CLINICA CAMPESINA/FAMILY HEALTH SERVICES and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Brittany M Figueroa Regulatory Specialist II Registration/Qualification Section

Letter Number: 218A00014205

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RECTIVED 2018 JUL 23 AM 11: 06

### **COVER LETTER**

Div		orporations					
OUD ID CT	Clinica Ca	mpesina Family Health Service	es e				
SOBJECT	:	Name of Corporat	ion – must ir	iclude suffix			
Dear Sir or	Madam:						
Affairs in F	lorida", "Ce	ion by Foreign Not for Profestificate of Existence", or "enced not for profit corpora	Certificate of	f Status" and ch	eck are submitted to		
Please retur	n all corres	pondence concerning this m	atter to the f	ollowing:			
	Malena	Archuleta					
		Name	of Person				
	Clinica Campesina Family Health Services						
		Firm/G	Company	<u> </u>	<del></del>		
	1735 S	Public Rd Ste 201			<del></del>		
		Δε	ldress				
			idiess				
	Lafayeti	ee, CO 80026	17: 0 1				
		City/State	and Zip Cod	e			
		eta@clinica.org					
	E-n	nail address: (to be used for	future annua	al report notifica	ation)		
For further	information	concerning this matter, ple	ase call:				
Malena Arc		at	()	665-3036 x107			
	Name	of Person	Area Code	Daytime Tel	lephone Number		
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		ection rporations		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:					
\$70.001	Filing Fee	□\$78.75 Filing Fee & Certificate of Status		Filing Fee & ied Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy		

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## 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:

If name unave	ilable in Florida, enter alternate corporate name adopted for the purpose of transacting b	usiness in	Florida)	
Colorado	3.84-0743432			
	atry under the law of which it is incorporated) (FEI number, if applicable	e)		
7/27/1	977 Date of Incorporation)  5. (Date of duration, if other that			
	Date of Incorporation) (Date of duration, it other that	n perpetua	u)	
06/01/2018			<del></del>	
Date first cond	ucted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to de	wmine par	many nao	
1735 S Public	Rd. La/ayette, CO 80026			
	(Principal office address)			
	;			
	(Current mailing address, if different)			
		<u>.</u>	2018	
Health Care Services				
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)				
	TO DESCRIPTION OF THE PROPERTY	4:	<u>JUL</u> 2:	
	eet address of Florida registered agent: (P.O. Box NOT acceptable)		w	
Name and sq		·	<u>~</u>	
Name and sq	Varing Mortines		ထဲ	
Name:	Karina Martinez			
Name:	2641 Punston St			
Name:			07	

(Registered agent's signature)

ched is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this a

duties, and I cm familiar with and accept the obligations of my position as registered agent.

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	
W. Doug Jones Chairman:	
1735 S Public Road Address:	
Lafayette, CO 80026	
Lois LaCroix Vice Chairman:	
1735 S Public Road Address:	
Lafayette, CO 80026	
N/A Director:	
Address:	
N/A Director:	
Address:	
B. OFFICERS  Simon Smith  1735 S Public Rd.	
Address: Lafayette, CO 80026	
	y Troyer, Justin Wheeler, Karen Funk, Patsy Byers
1735 S Public Rd. Address:	
Lafayette, CO 80026	
N/A Secretary:	
Address:	2016
N/A Treasurer:	<b>≟</b>
Address:	ŭ,5 Ņ
NOTE: If necessary, you may attach an addendum to the appl	
13. (Signature of Chairman, Vice Chairman, or any off	
Simon Smith	
(Typed or printed name and capacity	of person signing application)

# OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

### CERTIFICATE OF FACT OF GOOD STANDING

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

CLINICA CAMPESINA/FAMILY HEALTH SERVICES

#### is a

#### Nonprofit Corporation

formed or registered on 07/27/1977 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 19871330109.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 06/11/2018 that have been posted, and by documents delivered to this office electronically through 06/13/2018 @ 09:56:50.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 06/13/2018 @ 09:56:50 in accordance with applicable law. This certificate is assigned Confirmation Number 10952233



Secretary of State of the State of Colorado

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/Certificate/SearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."