F18000005868

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

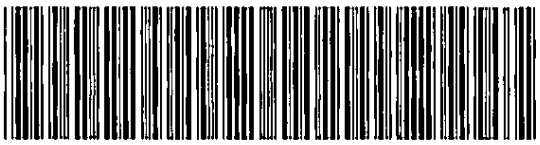
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800319734258

10/17/18--01038--023 **87.50

FILED
18 DEC 17 AM 10:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 2 8 2018

T SCHROEDER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Triple-S Vida 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:

Milagros Y. Cepero Colón
Name of Person

Triple-S Vida
Firm/Company

1052 Avenida Muñoz Rivera
Address

San Juan, Puerto Rico 00927
City/State and Zip code

milagros.cepero@sssvida.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Milagros Cepero Colón at (787) 758-4888 Ext. 1022
Name of Person — Area Code — 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. Triple-S Vida, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")

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

2. Puerto Rico
(State or country under the law of which it is incorporated)

3. 6600258488
(FEI number, if applicable)

4. June 3, 1969
(Date of incorporation)

5. (Date of duration, if other than perpetual)

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

7. 1052 Avenida Muñoz Rivera San Juan Puerto Rico 00927
(Principal office address)

PO BOX 363786 San Juan Puerto Rico 00936-3786
(Current mailing address, if different)

FILED
18 DEC 17 AM 10:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Name: César Toro

Office Address: 250 International Parkway Suite 212

Lake Mary (City), Florida 32746 (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.

DocuSigned by:
César Toro
273B1FC49FA948B...
(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: _____

Address: _____

_____

Vice Chairman: _____

Address: _____

_____

Director: _____

Address: _____

_____

Director: _____

Address: _____

_____

FILED
18 DEC 17 AM 10:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. OFFICERS

President: Arturo Carrión Crespo

Address: PO BOX 363786 San Juan Puerto Rico 00936-3786

Vice President: Richie Rodríguez - Executive Vice-President ; Michael Báez - Executive Vice-President

Address: PO BOX 363786 San Juan Puerto Rico 00936-3786

Secretary: Carlos Rodríguez Ramos

Address: PO BOX 363628 San Juan Puerto Rico 00936-3628

Treasurer: Juan J. Román Jimenez

Address: PO BOX 363628 San Juan Puerto Rico 00936-3628

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. Arturo Carrión, President

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

Government of Puerto Rico

CERTIFICATE OF EXISTENCE

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

CERTIFY: That, **TRIPLE-S VIDA, INC.**, registry number **46**, is a **domestic for profit insurance company**, organized on **June 3, 1969**.

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, **November 5, 2018.**

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 05-Nov-2019.

Certificate Validation Number: **275360-39566327**