

Division of Corporations

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Florida Department of State
Division of Corporations
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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Division of Corporations
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From:

Account Name : SANCHEZ VAOILLO LLP
Account Number : I20150000038
Phone : (305)485-9700
Fax Number : (813)492-8840

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: corporations@svlawus.com

FOREIGN PROFIT/NONPROFIT CORPORATION

Asistensi Global Insurance, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

2021 SEP 28 PM 3:13



September 23, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SANCHEZ VADILLO LLP

SUBJECT: ASISTENSI GLOBAL INSURANCE, INC.
REF: W21000128415

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please send the complete form. The page that list the officers and directors and signature's is missing.,

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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

Suzanne Hawkes
Regulatory II
Foreign Registration

FAX Aud. #: H21000357743
Letter Number: 721A00023100

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. Asistensi Global Insurance, 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. Barbados 3. 98-1605524
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. February 1, 2021 5.
(Date of incorporation) (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. 1115 River Birch Street
(Principal office street address)
Hollywood, Florida, 33019
(Current mailing address, if different)

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

Name: Sanchez Vadillo LLP

Office Address: 11402 NW 41 Street, 202

Doral, Florida 33178
(City) (Zip code)

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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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

Chairman Name: Armando Jorge Baquero Ponte

Vice Chairman Address: Calle Almagro, 3

Director Piso 7, decha

President Madrid 28010

Vice President Spain

Secretary Treasurer

Other _____ Other _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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. Xiomara Polanco, Incorporator
(Typed or printed name and capacity of person signing application)



FORM 3

COMPANY NO. 44330

COMPANIES ACT OF BARBADOS

CERTIFICATE OF INCORPORATION

ASISTENSI GLOBAL INSURANCE INC.

Name of Company

I hereby certify that the above-mentioned Company, the Articles of Incorporation of which are attached, was incorporated under the Companies Act of Barbados.


Registrar of Companies

March 20th, 2020

Date of Incorporation