M21000006256

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

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(Document Number)

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CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

1. Cooperativa de Ahorros, Creditos y Servicios múltiples Calidad de Vida, Inc.
(CORPORATE NAME) (DOCUMENT #)

2. _____
(CORPORATE NAME) (DOCUMENT #)

3. _____
(CORPORATE NAME) (DOCUMENT #)

☐ Walk-In X Pick up time: _____ ☑ Certified Copy ☐ Certificate Of Status

New Filings	
	Profit
	Non-Profit
	Limited Liability
X	Other: Domestication

Amendments	
	Amendments
	Resignation
	Dissolution/Withdrawal
	Other:

Other Filings	
	Annual Report
	Fictitious Name
	Apostille:
	Other:

Examiners Initials	

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. COOPERATIVA DE AHORROS, CREDITOS Y SERVICIOS MULTIPLES CALIDAD DE 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. DOMINICAN REPUBLIC
(State or country under the law of which it is incorporated)

3. N/A
(FEI number, if applicable)

4. 02/09/2015
(Date of incorporation)

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

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

7. 12039 SW 132nd CT. STE 1 MIAMI, FL 33186
(Principal office **street** address)

(Current mailing address, if different)

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2015 FEB 23 P 12:27

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

Name: GRETCHEN MCKINNEY

Office Address: 12039 SW 132nd CT. STE 1

MIAMI (City), Florida 33186 (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.

Gretchen McKinney
(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: ELISEO ALBA DAMIRON
☐Vice Chairman Address: AVENIDA MEXICO #102
☐Director D.N. SANTO DOMINGO
■President REPUBLICA DOMINICANA
☐Vice President
☐Secretary ☐Treasurer
☐Other ☐Other

☐Chairman Name: GABRIEL ALBA HENRIQUEZ
☐Vice Chairman Address: AVENIDA MEXICO #102
☐Director D.N. SANTO DOMINGO
☐President REPUBLICA DOMINICANA
☐Vice President
■Secretary ☐Treasurer
☐Other ☐Other

☐Chairman Name: YVAN O. MININO PIMENTEL
☐Vice Chairman Address: AVENIDA MEXICO #102
☐Director D.N. SANTO DOMINGO
☐President REPUBLICA DOMINICANA
■Vice President
☐Secretary ☐Treasurer
☐Other ☐Other

☐Chairman Name: ELI ALBA HENRIQUEZ
☐Vice Chairman Address: AVENIDA MEXICO #102
☐Director D.N. SANTO DOMINGO
☐President REPUBLICA DOMINICANA
☐Vice President
☐Secretary ☐Treasurer
■Other VOCAL ☐Other

☐Chairman Name: ELLEN L. HILARIO
☐Vice Chairman Address: AVENIDA MEXICO #102
☐Director D.N. SANTO DOMINGO
☐President REPUBLICA DOMINICANA
☐Vice President
☐Secretary ■Treasurer
☐Other ☐Other

☐Chairman Name: WASCAR ROA
☐Vice Chairman Address: AVENIDA MEXICO #102
☐Director D.N. SANTO DOMINGO
☐President REPUBLICA DOMINICANA
☐Vice President
☐Secretary ☐Treasurer
■Other 1st SUP ☐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. ELISEO ALBA DAMIRON - PRESIDENT
(Typed or printed name and capacity of person signing application)

COOPERATIVA Y SIN CALIDAD DE VIDA COOPCAVIDA
RNC: 430-19910-5

CONTINUE:

COOPERATIVA DE AHORROS, CREDITOS Y SERVICIOS MULTIPLES CALIDAD DE VIDA, INC.

7.

MARINO GUZMAN
AVENIDA MEXICO #102
D.N. SANTO DOMINGO
REPUBLICA DOMINICANA
TITLE: 2nd SUP

8.

GRETCHEN MCKINNEY
12039 SW 132nd CT. STE 1
MIAMI, FL 33186
TITLE: COORDINATOR

CERTIFICATION

The undersigned, FRANCO DE LOS SANTOS ABREU, Dominican, of legal age, married, holder of the identity and electoral card No. 017-0013398-4, and RAFAEL LORENZO PUJOLS PEREZ, Dominican, of legal age, single, Law graduate, holder of the identity and electoral card No. 402-2319736-5, in their respective capacities of President-Administrator and Secretary-Legal Advisor of the Board of Directors of the Cooperative Development and Credit Institute (IDECOOP), have the right to

CERTIFY

FIRST: That Cooperativa de Ahorros, Creditos y Servicios Multiples Calidad de Vida, Inc. (COOPCA VIDA), held its General Shareholders' Meeting on 10 day of October 2021, in which new officer were elected for the different control bodies of the cooperative, as it appears in the minutes and said entity is active and current.

SECOND: The different control and administration bodies of this cooperative met separately for the purposes of the distribution of the positions carried out on the fifteenth 15th day of October 2021 being constituted as follows:

- Eliseo Alba Damiron - President
- Yvan 0. Minino Pimentel - Vice-President
- Ellen L. Hilario - Treasurer
- Gabriel Alba Henriquez - Secretary
- Eli Alba Henriquez - Vocal
- Wascar Roa – 1st Sup
- Marino Guzman – 2nd Sup

GOBIERNO DE LA REPÚBLICA DOMINICANA

IDECOOP

CERTIFICACIÓN

PA-1002-E

Quienes suscriben, **FRANCO DE LOS SANTOS ABREU**, dominicano, mayor de edad, casado, portador de la cédula de identidad y electoral No. 017-0013398-4, y **RAFAEL LORENZO PUJOLS PÉREZ,** dominicano, mayor de edad, soltero, Licenciado en Derecho, portador de la cédula de identidad y electoral No. 402-2319736-5, en sus respectivas calidades de **Presidente-Administrador y Secretario-Asesor Legal del Consejo de Directores del Instituto de Desarrollo y Crédito Cooperativo (IDECOOP),** tienen a bien **CERTIFICAR:**

PRIMERO: Que la **Cooperativa de Ahorros, Créditos y Servicios Múltiples Calidad de Vida, Inc. (COOPCAVIDA)**, celebró su Asamblea General Ordinaria de Socios en fecha diez (10) del mes de octubre del año dos mil veintiuno (2021), en la que fueron elegidos nuevos integrantes para los distintos órganos de control de la cooperativa, tal y como consta en el acta levantada a los fines de lug y que dicha empresa esta al dia y activa.

SEGUNDO: Los distintos órganos de control y administración de esta cooperativa se reunieron por separado para los fines de la distribución de los cargos realizada en fecha quince (15) del mes de octubre del año dos mil veintiuno (2021), quedando constituidos de la manera siguiente:

Consejo de Administración

MIEMBROS	CÉDULA	CARGOS
➢ Eliseo Alba Damirón	001-0170565-5	Presidente
➢ Yvan O. Minino Pimentel	003-0014900-2	Vicepresidente
➢ Ellen L. Hilario	001-0085490-0	Tesorera
➢ Gabriel Alba Henríquez	001-1875502-4	Secretario
➢ Eli Alba Henríquez	001-1798582-0	Vocal
➢ Wascar Roa	001-1184037-7	1er. Suplente
➢ Marino Guzmán	001-0142548-6	2do. Suplente

Calle Héroes de Luperón #1, Centro de los Héroes, Santo Domingo., D. N., República Dominicana • Tel.: 809.533.8131
Email: info@idecoop.gob.do • www.idecoop.gob.do RNC: 1-01-02284-1