

FILED  
2022 MAY 19 PM 3:33  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FL

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SALUD INTEGRAL EN LA MONTAÑA, INC.  
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:

Gloria del C. Amador Fernández  
Name of Person

Salud Integral en la Montaña, Inc.  
Firm/Company

Carr. 152 Km. 12.4, Naranjito a Barranquitas  
Address

Naranjito, Puerto Rico 00719  
City/State and Zip Code

gamador@simpr.org  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gloria del C. Amador Fernández at ( 787 ) 869-5902  
Name of Person Area Code Daytime Telephone Number

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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. **SALUD INTEGRAL EN LA MONTAÑA, INC.**

(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.)

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

2. Puerto Rico 3. 66-0329532  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/18/1974 5. Perpetual  
(Date of Incorporation) (Date of duration, if other than perpetual)

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

7. Carr. 152 Km. 12.4, Naranjito a Barranquitas, Naranjito, Puerto Rico 00719  
(Principal office street address)

P.O. Box 515 Naranjito, Puerto Rico 00719  
(Current mailing address, if different)

8. Provide health services as a non-profit organization  
(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)

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(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.*

C T Corporation System

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

**A. DIRECTORS**

<input type="checkbox"/> Chairman	Name: <u>Gloria del C. Amador Fernández</u>	<input type="checkbox"/> Chairman	Name: <u>Angel L. Vega</u>
<input type="checkbox"/> Vice Chairman	Address: <u>Carr. 152 Km. 12.4</u>	<input type="checkbox"/> Vice Chairman	Address: <u>Carr. 152 Km. 12.4</u>
<input type="checkbox"/> Director	<u>Naranjito a Barranquitas</u>	<input type="checkbox"/> Director	<u>Naranjito a Barranquitas</u>
<input type="checkbox"/> President	<u>Naranjito, Puerto Rico 00719</u>	<input type="checkbox"/> President	<u>Naranjito, Puerto Rico 00719</u>
<input type="checkbox"/> Vice President	_____	<input type="checkbox"/> Vice President	_____
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input checked="" type="checkbox"/> Other: <u>CEO</u>	<input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Other: <u>CFO</u>	<input type="checkbox"/> Other: _____

<input checked="" type="checkbox"/> Chairman	Name: <u>Ignacio Febus</u>	<input type="checkbox"/> Chairman	Name: <u>Carmen B. Fuentes</u>
<input type="checkbox"/> Vice Chairman	Address: <u>Carr. 152 Km. 12.4</u>	<input checked="" type="checkbox"/> Vice Chairman	Address: <u>Carr. 152 Km. 12.4</u>
<input type="checkbox"/> Director	<u>Naranjito a Barranquitas</u>	<input type="checkbox"/> Director	<u>Naranjito a Barranquitas</u>
<input type="checkbox"/> President	<u>Naranjito, Puerto Rico 00719</u>	<input type="checkbox"/> President	<u>Naranjito, Puerto Rico 00719</u>
<input type="checkbox"/> Vice President	_____	<input type="checkbox"/> Vice President	_____
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

<input type="checkbox"/> Chairman	Name: _____	<input type="checkbox"/> Chairman	Name: _____
<input type="checkbox"/> Vice Chairman	Address: _____	<input type="checkbox"/> Vice Chairman	Address: _____
<input type="checkbox"/> Director	_____	<input type="checkbox"/> Director	_____
<input type="checkbox"/> President	_____	<input type="checkbox"/> President	_____
<input type="checkbox"/> Vice President	_____	<input type="checkbox"/> Vice President	_____
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

**NOTE: 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.

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

14. Angel L. Vega (CFO) May 13, 2022  
(Typed or printed name and capacity of person signing application)



## CERTIFICATE OF GOOD STANDING

I, **Omar J. Marrero Díaz**, Secretary of State of the Government of Puerto Rico,

**CERTIFY:** That, **SALUD INTEGRAL EN LA MONTAÑA, INC.**, register number **7538**, a **non-profit domestic** corporation, organized under the laws of Puerto Rico on **October 18, 1974**, 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, **May 10, 2022**.

**Omar J. Marrero Díaz**  
Secretary of State

To validate this certificate go to:

<http://estado.pr.gov/>

This certificate is valid for one (1) year from issue date (Regulation 8688, Art. 26). However, it is subject to faithful compliance with the provisions of Chapter XV and Chapter XXI of Act 164-2009, as applicable.

Certificate Validation Number: **464707-15026238**