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To:  
 Division of Corporations  
 Fax Number : (850) 617-6383

From:  
 Account Name : GENESIS TAX HOUSE OF FLORIDA, INC.  
 Account Number : I20110000068  
 Phone : (800) 460-4829  
 Fax Number : (617) 507-0782

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

Email Address: \_\_\_\_\_

**FOREIGN PROFIT/NONPROFIT CORPORATION**  
**CARTOINDUSTRIA CORPORATION**

Certificate of Status	0
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DEC 17 2019

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.

CARTOINDUSTRIA CORPORATION

1. (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) VENEZUELA

2. (State or country under the law of which it is incorporated) SEPT 09, 2007 3. (FEI number, if applicable) PERPETUAL

4. (Date of incorporation) UPON QUALIFICATION 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. BARQUISIMETO ESTADO LARA, VENEZUELA - 3001 (Principal office address)

411 SE MIZNER BLVD STE 72 MHS 1190 BOCA RATON, FL 33432 (Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) GENESIS TAX HOUSE OF FLORIDA, LLC

Name: 411 SE MIZNER BLVD STE 72

Office Address: BOCA RATON, Florida 33432 (City) (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.

[Handwritten signature]

(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.

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11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

PEDRO MANUEL GONZALEZ Q.  
 Chairman: \_\_\_\_\_  
 411 SE MIZNER BLVD STE 72 MHS 1190  
 Address: \_\_\_\_\_  
 BOCA RATON, FL 33432  
 \_\_\_\_\_

Vice Chairman: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

Director: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

Director: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

**B. OFFICERS**

PEDRO MANUEL GONZALEZ Q.  
 President: \_\_\_\_\_  
 411 SE MIZNER BLVD STE 72 MHS 1190  
 Address: \_\_\_\_\_  
 BOCA RATON, FL 33432  
 \_\_\_\_\_

CRISMARY DAVILA DE GONZALEZ  
 Vice President: \_\_\_\_\_  
 411 SE MIZNER BLVD STE 72 MHS 1190  
 Address: \_\_\_\_\_  
 BOCA RATON, FL 33432  
 \_\_\_\_\_

MARIA DE LOS ANGELES GONZALES DAVILA  
 Secretary: \_\_\_\_\_  
 411 SE MIZNER BLVD STE 72 MHS 1190  
 Address: \_\_\_\_\_  
 BOCA RATON, FL 33432  
 \_\_\_\_\_

Treasurer: \_\_\_\_\_  
 Address: \_\_\_\_\_



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.

PEDRO MANUEL GONZALEZ Q.  
 13. \_\_\_\_\_  
 (Typed or printed name and capacity of person signing application)

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 STATE DEPARTMENT OF STATE  
 TALLAHASSEE, FL

			
		N° COMPROBANTE: 201703E0000034280997	
<b>REGISTRO ÚNICO DE INFORMACIÓN FISCAL (RIF)</b>			
<b>J410313862 CARTOINDUSTRIA, C.A.</b>		<b>FECHA DE INSCRIPCIÓN:</b> 07/09/2017	
<b>DOMICILIO FISCAL AV CARLOS GIFFONNI ENTRE CALLES 2 Y 3 CASA NRO 1 ZONA INDUSTRIAL III BARQUISIMETO LARA ZONA POSTAL 3001</b>		<b>FECHA DE ÚLTIMA ACTUALIZACIÓN:</b> 12/12/2019	
		<b>FECHA DE VENCIMIENTO:</b> 12/12/2022	
<b>GERENCIA REGIONAL DE TRIBUTOS INTERNOS REGIÓN CENTRO OCCIDENTAL</b>		<b>3410313862-IDY FIRMA AUTORIZADA</b>	
			
<b>Condición: Contribuyente Ordinario del IVA: La condición de este contribuyente requiere la retención del 75% del Impuesto causado, salvo que incurra en los supuestos establecidos para la retención del 100%.</b>			
<b>La validez de este Comprobante debe verificarse a través de la dirección <a href="http://www.seniat.gob.ve">www.seniat.gob.ve</a>, Sistemas en Línea mediante la opción 'Consulta Comprobante Digital RIF'. No requiere sello húmedo.</b>			

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**TRANSLATION**

Registration number:  
201703E0000034280997

**SOLE REGISTER OF FISCAL INFORMATION (RIF)**

**J410313862 CARTOINDUSTRIA, C.A.**

**PRINCIPAL ADDRESS: AV CARLOS GIFFONNI CALLES 2 Y 3 CASA NRO 1 ZONA INDUSTRIAL III  
BARQUISIMETO LARA ZONA POSTAL 3001**

**REGISTRATION DATE: SEPTEMBER 07, 2017**

**DATE OF LAST UPDATE: DECEMBER 12, 2019**

**EXPIRATION DATE: DECEMBER 12, 2022**

**REGIONAL MANAGEMENT OF INTERNAL TAXES  
WESTERN CENTER REGION**

**3410313862-IDY  
AUTHORIZED SIGNATURE**