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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SERVICIOS INDUSTRIALES DE COMIDAS Y BEBIDAS CATERING CIA LTD
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

MANUEL A. PEREZ

Name of Person

HARPER MEYER PEREZ HAGEN ALBERT DRIBIN & DELUCA LLP

Firm/Company

201 S. BISCAYNE BLVD., SUITE 800

Address

MIAMI, FL 33131

City/State and Zip Code

MPEREZ@HARPERMEYER.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MANUEL PEREZ

305

577-3443

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

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

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. SERVICIOS INDUSTRIALES DE COMIDAS Y BEBIDAS CATERING CIA LTD., LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

ECUADOR

2. (Jurisdiction under the law of which foreign limited liability company is organized)

3. (FEI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 201 S. BISCAYNE BLVD. SUITE 800
(Street Address of Principal Office)

6. 201 S. BISCAYNE BLVD. SUITE 800
(Mailing Address)

MIAMI, FL 33131

MIAMI, FL 33131

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

Name: LAW CENTER OF THE AMERICAS, LLC

Office Address: 201 S. BISCAYNE BLVD., STE 800

MIAMI, Florida 33131
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**

☒ Manager Name: FEDERICO A. PEREZ AYALA

☐ Member Address: 201 S BISCAYNE BLVD.

☐ Authorized SUITE 800, MIAMI, FL 33131

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

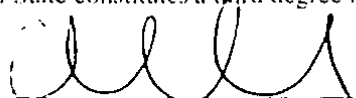
Person _____

☐ 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.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.



Signature of an authorized person

ANDREA VILLA

Typed or printed name of signee



TRANSLATION CERTIFICATION

STATE OF FLORIDA

COUNTY OF MIAMI-DADE

I, Monica A. Sardi, President of Translation Works, Inc., a member of the American Translators Association (ATA), being duly sworn, hereby declare and state that I am fluent in both the Spanish and English languages, and that I have rendered, to the best of my knowledge and belief, a true and accurate, complete translation, from Spanish to English, of the following Certificate of Good Standing, pertaining to: SERVICIOS INDUSTRIALES DE COMIDAS Y BEBIDAS CATERING CIA LTDA.

Signature:

Name: Monica A. Sardi
13835 SW 107 Terrace
Miami, Florida
Tel: (305) 380-8217
Email: sardim@twines.net

Sworn to and subscribed before me on this 23 day of July, 2019 by Monica A. Sardi, President of Translation Works, Inc., who is personally known to me and took an oath.

NOTARY PUBLIC AT LARGE

Signature of Notary Public

YVONNE RIANO
Printed Name of Notary Public



(SEAL)

SC
SUPERINTENDENCE
OF COMPANIES, SECURITIES AND INSURANCES

REPUBLIC OF ECUADOR

SUPERINTENDENCE OF COMPANIES, SECURITIES AND INSURANCES

CERTIFICATE OF GOOD STANDING

BUSINESS NAME: SERVICIOS INDUSTRIALES DE COMIDAS Y BEBIDAS CATERING CIA LTDA

SECTOR: CORPORATE (X) STOCK MARKET () INSURANCES ()

FILE NUMBER: 12310 ADDRESS: QUITO

TAX I.D.: 1790189368001

LEGAL REPRESENTATIVE: PEREZ AYALA FEDERICO ALEJANDRO

SHARE CAPITAL: S 958.0000 CURRENT STATUS: ACTIVE

CURRENTLY, THE COMPANY LEGALLY EXISTS AND ITS CORPORATE TERM EXPIRES ON: 11/14/2023

COMPLIANCE OF OBLIGATIONS: (NOT) HAS COMPLIED

Being the Legal Representative responsible for the accuracy of the information sent to this institution, the Superintendence of Companies, Securities and Insurances hereby certifies that, on the date this certificate was issued, this company has not complied with the obligations mentioned below:

PENDING OBLIGATIONS	
<u>CORPORATE SECTOR</u>	Credit Sales for the following periods: 2012.12, 2013.03, 2013.06, 2013.09, 2013.12, 2014.03, 2014.06, 2014.09, 2014.12, 2015.03, 2015.06, 2015.09, 2015.12, 2016.03, 2016.06, 2016.09, 2016.12, 2017.03, 2017.06, 2017.09, 2017.12, 2018.03, 2018.06, 2018.09, 2018.12, 2019.03, 2019.06...
<u>STOCK MARKET</u>	
<u>INSURANCE SECTOR</u>	
<u>ASSET LAUNDERING PREVENTION</u>	
<u>FINANCING</u>	

Date Issued: 07/23/2019

It is the obligation of the person or public server who receives this document to validate its accuracy, visiting www.supercias.gob.ec/portalinformacion/verifica.php with the following security code: CZLE7371482.

Translation Works, Inc.

Miami, FL / Tel: (305) 380-8217 / Email: sardim@twincs.net

REPÚBLICA DEL ECUADOR

SUPERINTENDENCIA DE COMPAÑÍAS, VALORES Y SEGUROS

CERTIFICADO DE CUMPLIMIENTO DE OBLIGACIONES Y EXISTENCIA LEGAL

DENOMINACIÓN DE LA COMPAÑÍA:

SERVICIOS INDUSTRIALES DE COMIDAS Y BEBIDAS CATERING CIA LTD

SECTOR:

SOCIETARIO



MERCADO DE VALORES



SEGUROS



NÚMERO DE EXPEDIENTE:

12310

DOMICILIO:

QUITO

RUC:

1790189368001

REPRESENTANTE LEGAL:

PEREZ AYALA FEDERICO ALEJANDRO:

CAPITAL SOCIAL:

\$ 958.0000

SITUACIÓN ACTUAL:

ACTIVA

LA COMPAÑÍA TIENE ACTUAL EXISTENCIA JURÍDICA Y SU PLAZO SOCIAL CONCLUYE EL:

14/11/2023

DISPOSICIÓN JUDICIAL QUE AFECTA A LA COMPAÑÍA:

NINGUNA

CUMPLIMIENTO DE OBLIGACIONES:

NO

HA CUMPLIDO

Siendo responsabilidad del Representante Legal la veracidad de la información remitida a esta Institución, la Superintendencia de Compañías, Valores y Seguros certifica que, a la fecha de emisión del presente certificado, esta compañía no ha cumplido con las obligaciones citadas a continuación:

OBLIGACIONES PENDIENTES	
<u>SECTOR SOCIETARIO</u>	. Ventas a crédito de los siguientes periodos: . 2012 12, 2013 03, 2013 06, 2013 09, 2013 12, 2014 03, 2014 06, 2014 09, 2014 12, 2015 03, 2015 06, 2015 09, 2015 12, 2016 03, 2016 06, 2016 09, 2016 12, 2017 03, 2017 06, 2017 09, 2017 12, 2018 03, 2018 06, 2018 09, 2018 12, 2019 03, 2019 06, ...
<u>MERCADO DE VALORES</u>	
<u>SECTOR SEGUROS</u>	
<u>PREVENCIÓN DE LAVADO DE ACTIVOS</u>	

FECHA DE EMISIÓN:

23/07/2019

Es obligación de la persona o servidor público que recibe este documento validar su autenticidad ingresando al portal web www.supercias.gob.ec/portalinformacion/verifica.php con el siguiente código de seguridad:



CZLE7371482

OBLIGACIONES PENDIENTES	
<i>FINANCIERO</i>	

2019 JUL 25 PM 4:28
 2019 JUL 25 PM 4:28
 2019 JUL 25 PM 4:28

FECHA DE EMISIÓN: 23/07/2019

Es obligación de la persona o servidor público que recibe este documento validar su autenticidad ingresando al portal web www.supercias.gob.ec/portalinformacion/verifica.php con el siguiente código de seguridad:



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