

F12000001118

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

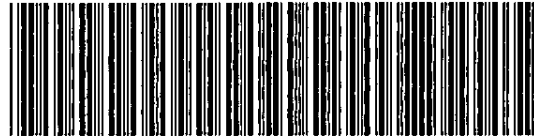
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: DISTRIBUIDORA GONZCOLL INC
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

ANGELICA BELTRAN
Name of Person
BELTRAN ACCOUNTING SERVICES CORP
Firm/Company
6303 BLUE LAGOON DRIVE SUITE 400
Address
MIAMI FL 33126
City/State and Zip code

abeltran@beltranaccounting.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angelica Beltran at (305) 456-1999
Name of Person Area Code & Daytime Telephone Number

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STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$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 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. DISTRIBUIDORA GONZCOLL, C. A. 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. VENEZUELA 3. APPLYING FOR
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 03/05/2012 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 03/05/2012
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2800 Glades Circle Suite 155 - Weston FL 33327
(Principal office address)

2800 Glades Circle Suite 155 - Weston FL 33327
(Current mailing address)

8. Import / Export
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: BELTRAN ACCOUNTING SERVICES, CO, INC

Office Address: 6303 Blue Lagoon Dr Suite 400


Miami, Florida 33015
(City) (Zip code)

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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.


(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.

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

A. DIRECTORS

Chairman: Eduardo Gonzalez

Address: Av Mexico Edf. Los Ortega Piso 15 Apto 155
La Candelaria - Caracas - Venezuela

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

Eduardo Gonzalez
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 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.

14. Eduardo Gonzalez

(Typed or printed name and capacity of person signing application)

CERTIFICATE OF GOOD STANDING

The REGISTRAR OF CORPORATE AFFAIRS, of the Republica Bolivariana de Venezuela HEREBY CERTIFIES that pursuant to the Mercantile Registry,

COMPANY NAME

DISTRIBUIDORA GONZCOLL, C.A.

Registry Number: Tomo 200-A REGISTRO MERCANTIL V. Numero 19 del año 2011 of volume

1. Is on the Register of Companies;
2. Has paid all fees, annual fees and penalties that are due and payable;
3. Has not files articles of merger or consolidation that have not become effective;
4. Has not filed articles of arrangement that have not yet become effective,
5. Is not in voluntary liquidation; and
6. Proceedings to strike the name of the company off the Register of Companies have not been instructed.

February 23, 2012

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María del Cielo Méndez G.