

M19000002800

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

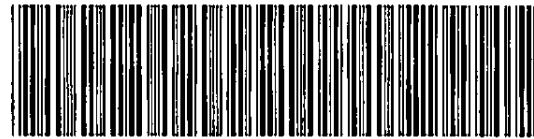
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/08/19--01012--010 **125.00

FILED
2019 MAR -3 PM 2:40
TALLAHASSEE, FLORIDA

D. BRUCE
MAR 25 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SEMIBOL S.R.L. LLC

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:

ANTONIO REGOJO

Name of Person

AVENIDA LEGAL LLC

Firm/Company

12550 BISCAYNE BLVD STE 110

Address

MIAMI, FL 33181

City/State and Zip Code

INFO@AVENIDALEGAL.COM

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

For further information concerning this matter, please call:

ANTONIO REGOJO

305

814-8299

Name of Contact Person

at (_____) _____

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

FILED
2019 MAR -8 PM 2:40
TALLAHASSEE, FLORIDA
CLERK OF THE COURT

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. SEMIBOL S.R.L. 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")

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

3. _____
(FEI number, if applicable)

4. 03/15/2019
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1705 MOFFETT ST
(Street Address of Principal Office)

6. 1705 MOFFETT ST
(Mailing Address)

HOLLYWOOD, FL 33020

HOLLYWOOD, FL 33020

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

Name: ANTONIO REGOJO

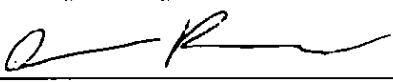
Office Address: 12550 BISCAYNE BLVD STE 110

MIAMI, Florida 33181
(City) (Zip code)

FILED
2011 MAR -9 PM 2:40
CLERK OF CIRCUIT COURT
MIAMI COUNTY, FLORIDA

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)

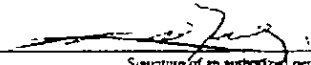
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: ALFJANDRO ZARZAR	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 1705 MOFFETT ST	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	HOLLYWOOD, FL 33020	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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

ALFJANDRO ZARZAR

Typed or printed name of signer

REGISTRO DE COMERCIO DE BOLIVIA



CERTIFICADO

CERT-JOSC-0938/19

Código de Trámite N° 1966066

La Fundación para el Desarrollo Empresarial FUNDEMPRESA, Concesionaria del Registro de Comercio de Bolivia, de conformidad a lo establecido en el Art. 9 inc. g) del D.S. N° 26215 y en ejercicio de la actividad registral; a solicitud escrita efectuada por María Laura Vaca El Hage Vargas con C.I. N° 5390051 SC.

CERTIFICA:

1. Solicito certificación que indique si la empresa se encuentra vigente, domicilio y representante legal.

Que, revisados los datos de inscripción en el Registro de Comercio, se acredita que la sociedad **SEMIBOL S.R.L.**, se encuentra registrada bajo la matrícula N° 340718.

Disolución, Liquidación y/o Cancelación: No cursa Testimonio de Disolución, Liquidación y/o Cancelación de Matrícula de Comercio.

Domicilio/Dirección: Santa Cruz, Calle Jaime Mendoza, N° 48, Zona Barrio Abaroa, UV. 35, Mzno. 007.

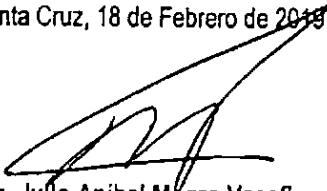
Representante Legal: María Laura Vaca El Hage Vargas.

GESTIÓN ACTUALIZADA: 2017. ESTADO DE LA MATRÍCULA: Vigente hasta el 31 de Mayo de 2019.

Es cuanto se certifica en mérito a los actos y documentos que cursan en el Registro de Comercio de Bolivia.

Santa Cruz, 18 de Febrero de 2019

DVG
C.c. Arch.


Dr. Julio Anibal Mogro Vacafior
Jefe de Oficina Sede Santa Cruz
FUNDEMPRESA
Registro de Comercio de Bolivia

CERT-JOSC-0938/18
Página 1 de 1

REGISTRY OF CERTIFICATE OF BOLIVIA

CERTIFICATE CERT-JOSC-0938/19 CODE OF TRANSFER NO. 1966066

The institution for the Business Development FUNDEMPRESA, a licensee for the Registration of Commerce in Bolivia, in accordance to the established in the article 9 Inc.g) of the D.S.No 26215 in the execution of the activity of registering a business: this petition is done by Maria Laura Vaca El Hage Vargas with C.I. No. 5390051 SC.

CERTIFIES:

1. Solicit the certification that the business is valid, registered, is domiciled and has legal representation.
That after revising all the data of inscription in the Registry of Commerce, the Registry believes that the business SEMIBOL S.R.L. Is registered under the enrolled no. 340718.

Dissolution, Liquidation and/or cancellation: It is not reported to be in the process of cancellation, or dissolution or liquidation under the enrollment of Commerce.

Address: Santa Cruz, calle Jaime Mendoza, No. 48, Zona barrio Abaroa, UV.35, Mzno. 007

Legal representative: Maria Laura Vaca El Hage Vargas

Petition Made: 2017, Status of Enrollment: Active until 31 of May, 2019

I certify the merit of the acts and documents presented in the Registry of Commerce in Bolivia

Santa Cruz, 18th of February 2018

____Signature_____

Dr. Julio Anibal Mogro Vacaflor
Chief of the office of Santa Cruz
FUNDEMPRESA
Registry of Commerce of Bolivia

I, Maria V. Regojo, hereby certify that I am fluent in both English and Spanish, and further certify that the above translation is a true and accurate translation of the referenced document.

By: Maria V. Regojo
Maria V. Regojo
03/01/2019

NOTARY CERTIFICATION

The foregoing instrument was acknowledged before me this 1st day of March, 2019 by Maria V. Regojo, who has produced _____ as identification or X is personally known to me.

SEAL.



By: Antonio Regojo
Name: Antonio Regojo
Notary Public