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Division of Corporations

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**F10000004346**

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : ADVANCE CORPORATE SERVICE, INC.  
Account Number : I20070000146  
Phone : (305) 406-3800  
Fax Number : (305) 406-3999

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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  
EXPORTIMPORT MARGARITA C.A., INC.**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$78.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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. EXPORTIMPORT MARGARITA 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

(State or country under the law of which it is incorporated)

3. \_\_\_\_\_

(FEI number, if applicable)

4. 04/23/2009

(Date of incorporation)

5. "PERPETUAL"

(Duration: Year corp. will cease to exist or "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. 3650 NW 82ND AVE SUITE 404 DORAL, FL 33166

(Principal office address)

SAME

(Current mailing address)

8. ANY LAWFUL BUSINESS

(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: LUIS ARAUZ

Office Address: 3650 NW 82ND AVE SUITE 404

DORAL

(City)

, Florida 33166

(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.*



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

**A. DIRECTORS**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Chairman: \_\_\_\_\_

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

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

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

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

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

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

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

**B. OFFICERS**

President: EMIR J. MACHADO

Address: 3650 NW 82ND AVE SUITE 404

DORAL, FL 33166

Vice President: \_\_\_\_\_

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

Secretary: \_\_\_\_\_

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

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

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

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

13. Emir J. Machado

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. EMIR J. MACHADO

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Bolivarian Republic of Venezuela**  
\*\*Ministry of Justice and Internal Relations\*\*

**AUTONOMOUS SERVICE OF REGISTRIES AND  
NOTARIZATIONS  
FIRST MERCANTILE REGISTRY OF THE STATE  
OF NUEVA ESPARTA**

The undersigned:

**CERTIFIES**

The Certified Copy of eight (8) folio(s) transcribed and replicated below is a faithful copy of the original document, which is listed under Number:

56- ANONYMOUS COMPANY CONSTITUTION, MERCANTILE REGISTRY I.  
TOME 19-A DATED: 04/23/2009.-

BELONGING TO THE COMPANY: EXPORTIMPORT MARGARITA, C.A.

Which can be found inserted in Case File N° 399-812.

Dated: MUNICIPIO ARISMENDI, 13<sup>TH</sup> DAY OF JULY OF THE YEAR TWO  
THOUSAND AND TEN.

**Certificate of Translation**

I certify that I am fluently bilingual and I am competent to translate from Spanish into the English language and that the information contained herewith is true and correct to the best of my knowledge.

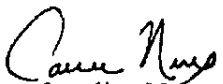
COUNTY OF Miami Dade

The foregoing was ( ) Sworn to and Subscribed OR ( ☒ ) Acknowledged Before

me this 1 Day of October, 2010

By Carolina Nunez

who is ( ) personally known to me OR ( ☒ ) who produced

  
Carolina Nunez

  XIOMARA ARAUZ as Identification.  
Commission # DD 764773  
Expires April 18, 2012  
Bonded Third Party Fee Insurance 600-388-7810

Notary Public