

F10000004556

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

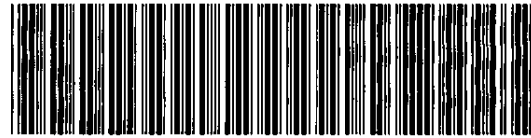
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/23/10--01025--002 **70.00

10 OCT 15 PM 2:29

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

W1-45320

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: COBERTURA PREMIER, C.A.

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:

JUAN VERA

Name of Person

COBERTURA PREMIER, C.A.

Firm/Company

2700 GLADES CIRCLE SUITE 106

Address

WESTON, FL 33327

City/State and Zip code

versamerica@gmail.com

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

For further information concerning this matter, please call:

JUAN VERA

Name of Person

at (954) 439-2101

Area Code & Daytime Telephone Number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 28, 2010

JUAN VERA
2700 GLADES CIRCLE SUITE 106
WESTON, FL 33327

SUBJECT: COBERTURA PREMIER, C.A. CORP
Ref. Number: W10000045320

We have received your document for COBERTURA PREMIER, C.A. CORP and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any further questions concerning your document, please call (850) 245-6901.

Pamela Smith
Regulatory Specialist II
New Filing Section

Letter Number: 810A00023044

**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. COBERTURA PREMIER, C.A. CORP
(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. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 03/03/2000 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. NO TRANSACTIONS YET
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. Av La Estancia CC Ciudad Tamanaco Piramide Invertida Nivel 4 Ofic 419 Urb Chuao Caracas Venezuela
(Principal office address)
2700 GLADES CIRCLE SUITE 106 WESTON, FL 33327
(Current mailing address)

8. IMPORT AND EXPORT MEDICAL DENTAL SUPPLIES
(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: JUAN VERA

Office Address: 2700 GLADES CIRCLE SUITE 106

WESTON, Florida 33327
(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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: JUAN VERA

Address: Av La Estancia CC Ciudad Tamanaco Piramide Invertida Nivel 4 Ofic 419 Urb Chuao Caracas Venezuela

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. _____

(Signature of Director or Officer listed in number 12 of the application)

14. JUAN VERA, Pres.

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

[Letterhead of SENIAT, the
National Integrated Customs and Tax
Administration Service of the
Bolivarian Republic of Venezuela
Ministry of the Popular Power for
Planning and Finance]

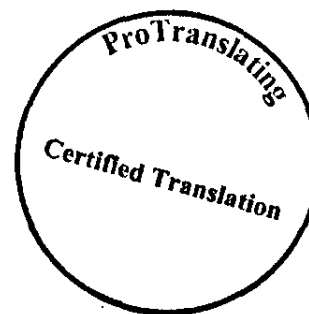
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N° 202010000103001076315

**ELECTRONIC CERTIFICATION OF
RECEIPT OF THE VAT
DECLARATION BY INTERNET**

The Tax Collections Manager of the National Integrated Customs and Tax Administration Service (SENIAT, Spanish acronym), in accordance with the provisions of Article 138 of the Organic Tax Code, certifies the receipt of the Declaration of the **Value Added Tax (Value Added Tax)**. (Form: **99030**) as per electronic form N°: **1093876992** for the period **08-01-2010 to 08-31-2010**, corresponding to Taxpayer: **COBERTURA PREMIER, C.A. (COBERTURA PREMIER, C.A.)** RIF: **J306877185**, processed by you via Internet on **09/07/2010**.

YVAN JOSE BELLO ROJAS
Tax Collections Manager



Notes:

1. If you wish, you may print this certificate as proof of receipt of the declaration by the Tax Administration. If you opt not to do so, we recommend making a note of the certificate number.
2. The validity of this certificate may be verified by going to the Web page www.gob.ve, through the Online Systems – Certificates Inquiry.

[Letterhead of SENIAT, the
National Integrated Customs and Tax
Administration Service of the
Bolivarian Republic of Venezuela
Ministry of the Popular Power for
Planning and Finance]

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DIVISION OF CORPORATIONS
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N° 202010000103000944696

**ELECTRONIC CERTIFICATION OF
RECEIPT OF THE VAT
DECLARATION BY INTERNET**

The Tax Collections Manager of the National Integrated Customs and Tax Administration Service (SENIAT, Spanish acronym), in accordance with the provisions of Article 138 of the Organic Tax Code, certifies the receipt of the Declaration of the **Value Added Tax (Value Added Tax)**. (Form: **99030**) as per electronic form N°: **1093428908** for the period **07-01-2010** to **07-31-2010**, corresponding to Taxpayer: **COBERTURA PREMIER, C.A. (COBERTURA PREMIER, C.A.)** RIF: **J306877185**, processed by you via Internet on **08/07/2010**.

YVAN JOSE BELLO ROJAS
Tax Collections Manager



Notes:

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2. The validity of this certificate may be verified by going to the Web page www.gob.ve, through the Online Systems – Certificates Inquiry.

Bolivarian Government of Venezuela	Ministry of Popular Power for Public Works and Housing	Logo: BANAVIH
[Bar code]		Confirmation Number 00354122

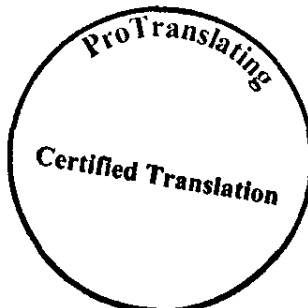
STATEMENT OF ACCOUNT			
CONTRIBUTIONS TO MANDATORY HOUSING SAVINGS FUND (FAOV, Spanish acronym)			
AFFILIATED EMPLOYER INFORMATION		DATE	
Name of Employer COBERTURA PREMIER, C.A.	Rif N° J-30687718-5	From 09/08/2010	To 10/08/2010

CONTROL					
Control Date	Date		Amount of Earnings	Amount	Total
	From	To			
			0.00	0.00	0.00
				Subtotal (1):	0.00

AFFILIATED PAYROLLS		
Affiliation Number	Number of Employees	Payroll Affiliation Date
03213068771850087489	1	08/30/2009

OUTSTANDING PAYMENTS					
Affiliation Number	Form Number	Term	Amount of Earnings	Amount	Total
			0.00	0.00	0.00
Subtotal (1):					0.00
Amount Payable (1+2):					0.00

SOLVENT
[Bar Code]
BANCO NACIONAL DE VIVIENDA Y HABITAT
Av. Venezuela, Torre BANAVIH, El Rosal, Caracas-Venezuela 1060
RIF G-20000085-6 Telf: 95162222/2411 Fax: 9516532/2881

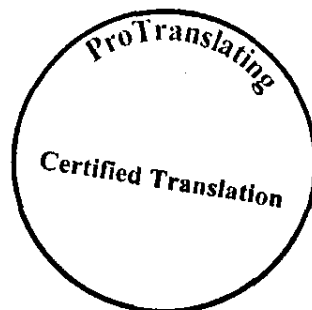


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DIVISION OF CORPORATIONS

FORM SIR RIF 07 [SENIAT LOGO]	TAX REGISTRY INFO. (RIF) Registration Certif. (RIF Number) J-30687718-5	THIS CERTIFICATE IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF ARTICLE 9 OF INSTRUMENT N° 0073 OF 02/05/2006, PUBLISHED IN OFFICIAL GAZETTE N° 38.389 OF 03/02/2006	
SURNAME & NAME - NAME OR COMPANY NAME COBERTURA PREMIER, C.A.		CITY CARACAS	Registration date: 03/17/2000
ADDRESS: AV LA ESTANCIA CC CIUDAD TAMANACO PIRAMIDE INVERTIDA NIVEL 4 OFC 419 URB CHUAO ZONA POSTAL 1060		REGIONAL OFFICE CAPITAL [s/ (Illegible)] SENIAT STAMP	Date Issued: 09/22/2009 Expiration Date: 09/22/2012
		F-2008-07 N° 1390200	Authorized Signature 3306877185- ZUT

[There is a second SENIAT rubber stamp affixed to the form]



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ProTranslating
CERTIFICATE OF COMPETENCE AND ACCURACY

Before me, a Notary Public in and for the State of Florida at large personally appears Dr. Luis A. de la Vega, Chairman of ProTranslating, who after being duly sworn, hereby certifies that he is competent in both the Spanish and the English languages, and that this is a true and accurate translation of the attached document consisting of 8 pages.

Luis A. de la Vega, Ph. D.
Chairman
For ProTranslating

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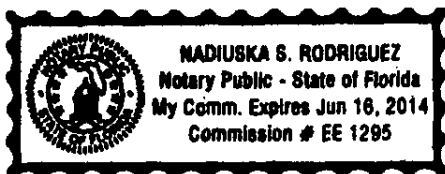
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DIVISION OF CORPORATIONS

State of Florida
County of Miami-Dade

Sworn and subscribed this 11 day of October, 2010, by
Dr. Luis A. de la Vega, Chairman of ProTranslating, who is personally known to
me.

Notary Public

My commission expires:





No: 202010000103001076315

**CERTIFICADO ELECTRÓNICO DE
RECEPCIÓN DE DECLARACIÓN POR INTERNET
IVA**

El Gerente de Recaudación del Servicio Nacional Integrado de Administración Aduanera y Tributaria (SENIAT), de conformidad con lo dispuesto en el Artículo 138 del Código Orgánico Tributario, certifica la recepción de la Declaración de **Impuesto Al Valor Agregado (Impuesto Al Valor Agregado)** (Forma: 99030) según formulario electrónico No. 1093876992 , del período **01-08-2010 al 31-08-2010** , correspondiente al Contribuyente: **COBERTURA PREMIER, C.A. (COBERTURA PREMIER, C.A.)** , R.I.F.: **J306877185** , procesada por usted vía internet en fecha **07/09/2010** .

YVAN JOSÉ BELLO ROJAS

Gerente de Recaudación

Notas:

1. Si lo desea, puede imprimir el presente certificado como comprobante de recepción de la declaración por parte de la Administración Tributaria. Si NO opta por su impresión, se recomienda tomar nota del número del certificado.

2. La validez de éste certificado puede comprobarse a través de la dirección electrónica www.seniat.gob.ve, mediante la opción Sistemas en Línea - Consulta Certificados.

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No: 202010000103000944696

CERTIFICADO ELECTRÓNICO DE RECEPCIÓN DE DECLARACIÓN POR INTERNET IVA

El Gerente de Recaudación del Servicio Nacional Integrado de Administración Aduanera y Tributaria (SENIAT), de conformidad con lo dispuesto en el Artículo 138 del Código Orgánico Tributario, certifica la recepción de la Declaración de **Impuesto Al Valor Agregado (Impuesto Al Valor Agregado)** (Forma: 99030) según formulario electrónico No. 1093428908 , del período 01-07-2010 al 31-07-2010 ,correspondiente al Contribuyente: **COBERTURA PREMIER, C.A. (COBERTURA PREMIER, C.A.)** , R.I.F.: J306877185 , procesada por usted vía internet en fecha 07/08/2010 .

YVAN JOSÉ BELLO ROJAS

Gerente de Recaudación

Notas:

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FORMA SIR RIF 07



REGISTRO DE INFORMACION FISCAL (RIF)

CERTIFICADO DE INSCRIPCION (NUMERO DE RIF)

J-30687718-5

APELLIDOS Y NOMBRES - NOMBRE O RAZON SOCIAL

COBERTURA PREMIER, C.A.

DIRECCION

AV LA ESTANCIA C.C.C.T. PIRAMIDE
INVERTIDA NIVEL 4 OFC 419 URB CHUARO
ZONA POSTAL 1060

DE CONFORMIDAD CON LO PREVISTO EN EL ARTICULO 9 DE LA PROVIDENCIA
N° 0073 DE FECHA 02/03/2005, PUBLICADA EN LA GACETA OFICIAL N° 38.389 DE
FECHA 02/03/2005, PRESENTE CERTIFICADO.

CIUDAD:	FECHA DE INSCRIPCION:
CARACAS	17/09/2000
GERENCIA REGIONAL:	FECHA DE EMISION:
CARACAS SENIAT	22/09/2012



DOBLE AQUÍ

F-2008-07-N°

1390200

3306877185-2UT

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Gobierno Bolivariano
de Venezuela

Ministerio del Poder Popular
para las Obras Públicas y Vivienda



Número de Confirmación
00354122

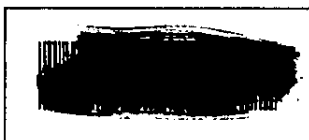
ESTADO DE CUENTA			
APORTES AL FONDO DE AHORRO OBLIGATORIO PARA LA VIVIENDA (FAOV)			
DATOS DEL EMPLEADOR AFILIADO		FECHA	
Nombre del Empleador	N° Rif	Desde	Hasta
COBERTURA PREMIER, C.A.,	J-30687718-5	08/09/2010	08/10/2010

FISCALIZACIÓN				
Fecha de Fiscalización	Fecha		Monto	Total
	Desde	Hasta	Rendimiento	
			0,00	0,00
Subtotal (1):				0,00

NÓMINAS AFILIADAS		
Número de Afiliación	Número de Empleados	Fecha de Afiliación de Nómina
03213068771850087489	1	30/08/2009

PAGOS PENDIENTES					
Número de Afiliación	Número de Planilla	Período	Monto Rendimiento	Monto	Total
			0,00	0,00	0,00
Subtotal (2):					0,00
Monto a pagar(1+2):					0,00

SOLVENTE



BANCO NACIONAL DE VIVIENDA Y HABITAT
Av. Venezuela, Torre BANAVIH, El Rosal, Caracas-Venezuela 1060
RIF G-20000085-6 Telf: 9516222/2411 Fax: 9516532/2881

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