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:

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DIVISION OF CORPORATIONS
10 OCT 15 PM 2:29

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 at (954) 439-2101
Name of Person — 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
(State or country under the law of which it is incorporated)

3. _____
(FEI number, if applicable)

4. 03/03/2000
(Date of incorporation)

5. PERPETUAL
(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 (City), Florida 33327 (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]

Nº 20201000010300107631 5

**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 Nº: **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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Nº 20201000010300094469 6

**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 Nº: **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

ProTranslating
Certified Translation

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.

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	Rif N°	From	To
COBERTURA PREMIER, C.A.	J-30687718-5	09/08/2010	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

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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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FORM SIR RIF 07	TAX REGISTRY INFO. (RIF)		THIS CERTIFICATE IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF ARTICLE 9 OF INSTRUMENT Nº 0073 OF 02/05/2006, PUBLISHED IN OFFICIAL GAZETTE Nº 38.389 OF 03/02/2006	
[SENIAT LOGO]	Registration Certif. (RIF Number) **J-30687718-5**			
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 **Nº 1390200**		Authorized Signature **3306877185- ZUT**

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

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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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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:

NADIUSKA S. RODRIGUEZ
Notary Public - State of Florida
My Comm. Expires Jun 16, 2014
Commission # EE 1295

2850 Douglas Road, Coral Gables, Fl 33134 Ph: 305.371.7887 Fax 305.371.4816
www.protranslating.com

REPUBLICA BOLIVARIANA DE VENEZUELA
SENIAT
SERVICIO NACIONAL INTEGRADO DE ADMINISTRACION ADUANERA Y TRIBUTARIA

No: 20201000010300107631 5

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 Articulo 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

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DIVISION OF CORPORATIONS
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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.

REPUBLICA BOLIVARIANA DE VENEZUELA
SENIAT
SERVICIO NACIONAL INTEGRADO DE ADMINISTRACION ADUANERA Y TRIBUTARIA

No: 20201000010300094469 6

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 Articulo 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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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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 CHUAO
ZONA POSTAL 1060

EXPEDICION GRATUITA

DOBLE AQUI

DE CONFORMIDAD CON LO PREVISTO EN EL ARTICULO 9 DE LA PROVIDENCIA Nº 0073 DE FECHA [illegible] PUBLICADA EN LA GACETA OFICIAL Nº 38.389 DE FECHA 02/03/[illegible] PRESENTE CERTIFICADO.

CIUDAD: CARACAS

FECHA DE INSCRIPCION: 17/03/2000

FECHA DE [illegible]: 22/09/2009

22/09/2012

F - 2008-07-Nº 1390200

3306877185-ZUT

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Gobierno **Bolivariano** de Venezuela

Ministerio del Poder Popular para las Obras Públicas y Vivienda

BANAVIH

[redacted]

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 Rendimiento**	**Monto**	**Total**
	Desde	**Hasta**			
			0,00	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

[redacted]

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