

F/1000000580

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

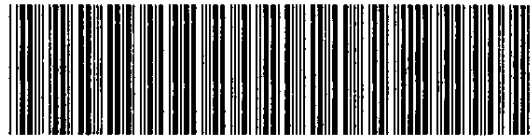
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/09/11--01016--007 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: INVERSIONES MARKETING EVOLUTION, 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:

HECTOR M HERNAIZ
Name of Person

INVERSIONES MARKETING EVOLUTION, C.A.
Firm/Company

19449 S WHITE WATER AVE
Address

WESTON, FL 33332
City/State and Zip code

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

For further information concerning this matter, please call:

Hector M Hernaiz at (786) 426-6564
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

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. INVERSIONES MARKETING EVOLUTION, C.A. CORPORATION

(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. 09/15/2008

(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. Avenida Francisco de Miranda, Centro Plaza Torre B PH, Los Palos Grandes, Caracas Venezuela

(Principal office address)

19449 S White Water Ave. Weston, FL 33332

(Current mailing address)

8. Marketing and Consulting Services

(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)

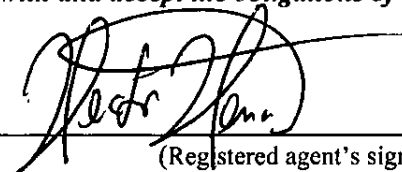
Name: Hector M Hernaiz

Office Address: 19449 S White Water Ave

Weston, Florida 33332
(City) (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:

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A. DIRECTORS

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Chairman: _____

Address: _____

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TALLAHASSEE, FLORIDA

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Hector M. Hernaiz

Address: Avenida Francisco de Miranda, Centro Plaza Torre B PH, Los Palos Grandes, Caracas Venezuela

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.  _____

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. Hector M. Hernaiz

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

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[logo of SENIAT – Integrated National Service
of Customs and Revenue Administration
Ministry of the Popular Branch for Planning
and Financing of the Republic of Venezuela
RIF: G-20000303-0]

No.: 202010000102600058294

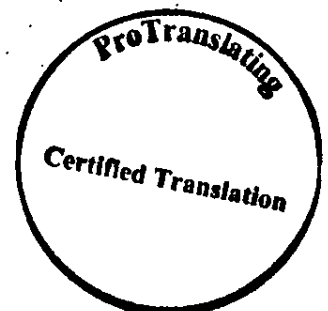
Online Certificate of *Receipt of Income Tax Return filed Online*
ISLR

The Revenue Manager of the Integrated National Service of Customs and Revenue Administration (SENIAT), pursuant to Article 138 of the Tax Organic Code, hereby certifies the receipt of the Income Tax Return (Corporate Income Tax Return), (Form: 99026), as filed in online form No. 1090211991 for the period between 01/01/2009 and 12/31/2009, belonging to Taxpayer INVERSIONES MARKETING EVOLUTION, C.A (INVERSIONES MARKETING EVOLUTION), R.I.F. (*Tax Information Record*) No. J296521964, which you processed online on 03/18/2010.

ROMMEL ROMAN AULAR DELGADO
Revenue Manager

Notes:

1. If you want, you can print out this certificate as a proof of receipt of the Income Tax Return received by the Revenue Administration. If you choose not to print it out, keeping the certificate number is recommended.
2. The validity of this certificate can be verified online at www.seniat.gob.ve, by clicking on the option *Sistemas en Línea – Consulta Certificados (Online System – Certificates Search)*.



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TALLAHASSEE, FLORIDA



Nº: 202010000102600058294

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

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 Sobre La Renta (Impuesto Sobre La Renta A Personas Jurídicas)**, (Forma: **99026**) según formulario electrónico N°: **1090211991** del período **01-01-2009 al 31-12-2009**, correspondiente al Contribuyente: **INVERSIONES MARKETING EVOLUTION, C.A (INVERSIONES MARKETING EVOLUTION)**, R.I.F.: **J296521964**, procesada por usted vía internet en fecha **18/03/2010**.

ROMMEL ROMAN AULAR DELGADO
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 este 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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| FREE ISSUANCE | [logo of SENIAT – Integrated National Service of Customs and Revenue Administration Ministry of the Popular Branch for Planning and Financing of the Republic of Venezuela RIF: G-20000303-0] | Tax Information Record (RIF) Certificate of Recording (RIF. No.) J-29652196-4 | This certificate is issued pursuant to the provisions of Article 9 of Court Decree No. 0073 dated 02/06/2006, as published in the Official Magazine No. 38.389, on 03/02/2006. | |
| | | | City: CARACAS | Date of Recording: 09/17/2008 |
| | Last Names and Names – Corporate Name or Corporation INVERSIONES MARKETING EVOLUTION, C.A | | Regional Management Office: CAPITAL | Date of Issuance: 04/02/2009 Date of Expiration: 04/02/2012 |
| Address: AV FRANCISCO DE MIRANDA CC CENTRO PLAZA – TORRE B NIVEL 19 APT B – 19 – A URB LOS PALOS GRANDES ZONA POSTAL (Zip Code) 1070 | | [stamp of SENIAT] [rubber stamp of SENIAT] /signed/ F-2008-07- No. 0445767 3296521961 NYY Authorized Signature | | |



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TALLAHASSEE, FLORIDA

FORMA SIR RIF 07



REGISTRO DE INFORMACION FISCAL (RIF)

CERTIFICADO DE INSCRIPCION (NUMERO DE RIF)

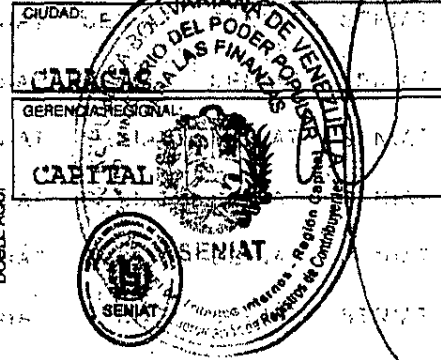
J-29652196-4

DE CONFORMIDAD CON LO PREVISTO EN EL ARTICULO 9 DE LA PROVIDENCIA
N° 0073 DE FECHA 08/02/2008 LICADA EN LA GACETA OFICIAL N° 38.369 DE
FECHA 02/03/2008 SE CERTIFICA QUE EL PRESENTE ES UN DOCUMENTO
VERIDICO Y CERTIFICADO.

EXPEDICION GRATUITA

APELLIDOS Y NOMBRES - NOMBRE O RAZON SOCIAL
INVERSIONES MARKETING EVOLUTION, C.A

DIRECCION:
AV FRANCISCO DE MIRANDA CC CENTRO
PLAZA - TORRE B NIVEL 19 APT B-19-A
URB LOS PALOS GRANDES
ZONA POSTAL 1070



FECHA DE INSCRIPCION:
17/09/2008
FECHA DE EXPEDICION:
02/04/2009

02/04/2012

F-2008-07-N° 0445767 329652196-4 NY



ProTranslating
CERTIFICATE OF COMPETENCE AND ACCURACY

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AND
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 2 pages.

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

State of Florida
County of Miami-Dade

Sworn and subscribed this 27 day of JANUARY, 2011, by Dr. Luis A. de la Vega, Chairman of ProTranslating, who is personally known to me.

Notary Public

My commission expires:

