

F120000001612

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

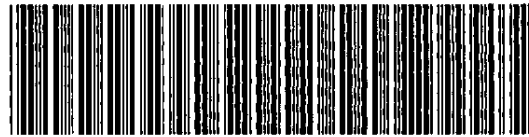
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

MRS  
4/16/12

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** EXILON PETROLEUM DE VENEZUELA C.A., INC.-----  
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:

Carmen Matilde Hernandez-----  
Name of Person

TotalCorp Business Consultants-----  
Firm/Company

1825 Main Street-----  
Address

Weston, FL 33326-----  
City/State and Zip code

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

For further information concerning this matter, please call:

Carmen Matilde Hernandez at ( 954 ) 6242554  
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

RECEIVED  
12 APR 13 AM 11:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

April 4, 2012

CARMEN MATILDE HERNANDEZ  
TOTALCORP BUSINESS CONSULTANTS  
1825 MAIN STREET  
WESTON, FL 33326

SUBJECT: EXILON PETROELUM DE VENEZUELA C.A., INC.  
Ref. Number: W12000018921

We have received your document for EXILON PETROELUM DE VENEZUELA C.A., INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State.

The fees for profit and nonprofit, domestic or foreign are as follows:

Filings Fees:	\$35.00
Registered Agent Designation	\$35.00
Certified Copy	\$8.75
Certificate of Status	\$8.75

The registered agent name must be listed exactly as it appears in our records.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Ruby Dunlap  
Regulatory Specialist II.

Letter Number: 912A00011030

**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. EXILON PETROLEUM DE VENEZUELA,C.A., INC.**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

N/A

(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. N/A**

(FEI number, if applicable)

**4. 11/10/2003**

(Date of incorporation)

**5. "PERPETUAL"**

(Duration: Year corp. will cease to exist or "perpetual")

**6. "N/A"**

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

**7. AVENIDA MARINO, C.C. EL PENON, PISO 2, OFICINA A325, LECHERIA, ESTADO ANZOATEGUI, VENEZUELA**

(Principal office address)

1820 NORTH CORPORATE LAKES BLVD, SUITE 207, WESTON FL 33326

(Current mailing address)

**8. ENGINEERING AND ARCHITECTURAL PROJECTS FOR OIL INDUSTRY, IMPORT&EXPORT FOR THE OIL INDUSTRY AND ANY LAWFULL 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: TotalCorp Business Consultants

Office Address: 1825 Main Street

Weston

(City)

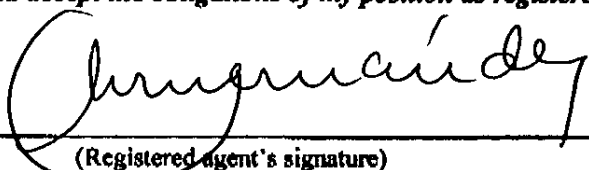
, Florida 33326

(Zip code)

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TALLAHASSEE, FLORIDA

**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: JESUS O GOMEZ

Address: c/o 1820 NORTH CORPORATE LAKES BLVD, SUITE 207

WESTON, FL 33326

Vice Chairman: GERMAN E ROMERO

Address: c/o 1820 NORTH CORPORATE LAKES BLVD, SUITE 207

WESTON, FL 33326

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

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

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

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

**B. OFFICERS**

President: JESUS O GOMEZ

Address: c/o 1820 NORTH CORPORATE LAKES BLVD, SUITE 207

Weston, FL 33326

Vice President: GERMAN E ROMERO

Address: c/o 1820 NORTH CORPORATE LAKES BLVD, SUITE 207

Weston, FL 33326

Secretary: HECTOR O. ROMERO

Address: c/o 1820 NORTH CORPORATE LAKES BLVD, SUITE 207, WESTON FL 33326

Treasurer: MAIRA ACUNA

Address: c/o 1820 NORTH CORPORATE LAKES BLVD, SUITE 207, WESTON FL 33326

**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. Jesus Oscar Gomez Zorrillo - Cargo: Presidente.  
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

REPUBLICA BOLIVARIANA DE VENEZUELA  
INSTITUTO VENEZOLANO DE LOS SEGUROS SOCIALES  
DIVISION DE PRESTACIONES FINANCIERAS

Forma 14-90  
S-A 11-01-939  
CERTIFICADO DE SOLVENCIA

Número de Empresa: E-14032466  
Cédula de Identidad No.: J-31074619-2  
Fecha de Expedición: 13/02/12  
Válido hasta: 13/03/12

Conforme a las disposiciones contenidas en la Ley del Seguro Social y su Reglamento se expide este documento a:

EXLLON PETROLEUM DE VENEZUELA C.A.

Acta No.: PRO-CE-02-12  
Fecha: 13/02/12  
Siglas: EFACT

Valido en: ANZOATEGUI

Este documento puede declararse nulo cuando las autoridades competentes comprueben incumplimiento de la Ley del Seguro Social y su Reglamento.

Reglamento


FIRMA AUTORIZADA

EXPEDICION GRATUITA

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

 REPÚBLICA BOLIVARIANA DE VENEZUELA MINISTERIO DEL PODER POPULAR PARA LAS COMUNAS Y PROTECCIÓN SOCIAL INSTITUTO NACIONAL DE CAPACITACIÓN Y EDUCACIÓN SOCIALISTA GERENCIA GENERAL DE TRIBUTOS GERENCIA DE FISCALIZACIÓN		<b>CERTIFICADO DE SOLVENCIA</b> N° L	
		1. EXPEDICIÓN EN BASE A: <input type="checkbox"/> DETERMINACIÓN FISCAL PRACTICADA AL SOLICITANTE <input checked="" type="checkbox"/> DATOS APORTADOS POR EL SOLICITANTE	
		2. SOLICITUD N°: <b>1286621</b>	
3. NOMBRE O RAZÓN SOCIAL: <b>EXILON PETROLEUM DE VENEZUELA, CA</b>		4. CÓDIGO DE APORTANTE: <b>1599800</b>	
5. DIRECCIÓN: <b>AV MARIÑO CC EL PEÑON DEL FATO NIVEL PISO 2 OF A325 ZONA LECHARIA</b>			
6. FECHA DE EXPEDICIÓN: <b>13/02/2012</b>	7. VALIDO HASTA: <b>10/04/2012</b>	8. EXPEDIDO POR LA UNIDAD ESTADAL DE ADMINISTRACIÓN TRIBUTARIA: <b>ANZOATEGUI</b>	
<b>NOTA:</b> ESTE CERTIFICADO PUEDE DECLARARSE NULO, DURANTE SU VIGENCIA CUANDO LOS FUNCIONARIOS COMPETENTES ENCUENTREN ALGUNA IRREGULARIDAD DE LOS DATOS APORTADOS EN LA SOLICITUD.		9. AUTORIZADO POR:  APELLIDOS Y NOMBRES	
			
<b>PARA TODOS LOS EFECTOS, FAVOR EXIGIR ESTE ORIGINAL, SIN ENMIENDA. EXPEDICIÓN GRATUITA.</b>			

FORMA 280-001 (G.D.O / 11-09)

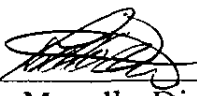
**TRANSLATOR'S CERTIFICATE OF ACCURACY**

STATE OF FLORIDA                   )  
COUNTY OF MIAMI-DADE        )  
\_\_\_\_\_ /


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TALLAHASSEE, FLORIDA

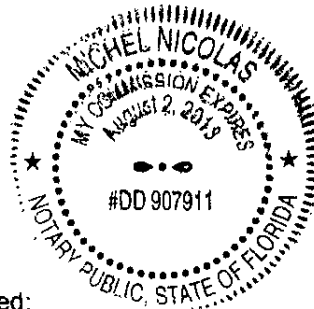
I, the undersigned, Morella Diaz, a Translator, member of the American Translators Association (ATA #234371), being duly sworn, do hereby depose and say: That I am a translator by profession of the Spanish and English languages; That I speak, read and write said languages; That I have carefully made the attached translation from the original document in the English language; and That said translation is a true and correct Spanish version of such original, to the best of my knowledge, ability and belief.

Yo, la suscrita, Morella Díaz, Traductora miembro de la Asociación Americana de Traductores (ATA #234371), debidamente juramentada, por este medio declaro: Que soy una traductora de profesión en los idiomas Inglés y Castellano; Que hablo, leo y escribo dichos idiomas; Que he elaborado cuidadosamente la traducción que se anexa del documento original en el idioma Inglés; y Que es una traducción fiel y auténtica al Castellano de dicho original, a mi leal saber y entender.

  
\_\_\_\_\_  
Morella Diaz  
Translator /Traductora

Sworn and subscribed before me this 29<sup>th</sup> day of March, 2012,  
by MORELLA DIAZ.

  
\_\_\_\_\_  
Notary's Signature



- ( ) Personally known to me  
( ) Produced identification. If so, type of information produced: \_\_\_\_\_





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“[Letterhead of **INCES**]

Bolivarian Republic of Venezuela

Ministry of People's Power for Communes and Social Protection

National Institute of Socialist Education and Training

General Tax Office

Fiscalization Office

SECRETARY OF STATE  
PALM BEACH, FLORIDA

**CERTIFICATE OF GOOD STANDING**

**No. L1286621**

1. Certificate issued based on data reported by the applicant
2. Application No. 1599800
3. Name: **EXILON PETROLEUM DE VENEZUELA, C.A.**
4. Taxpayer's Code: 701719/J310746192
5. Address: AV. MARIÑO, CC EL PEÑÓN DEL FARO, NIVEL PISO 2, OF. A325, ZONA LECHARIA.
6. Date of Issue: 02/13/2012
7. Valid until: 04/10/2012
8. Issued by the State Unit of Tax Administration of: ANZOATEGUI
9. Authorized by: [Signed Illegible]

[Seal of the “Bolivarian Republic of Venezuela, Anzoategui. National Institute of Socialist Education and Training. General Tax Office. Fiscalization Office. State Unit of Tax Administration”]

NOTE: This certificate can be declared null and void during its period of validity if the competent authorities find any irregularity in the data provided in the application.

FOR ALL PURPOSES, PLEASE REQUEST THIS ORIGINAL, WITHOUT AMENDMENT. FREE ISSUANCE.

FORM 280-001 (GDO/11/09).-----

"Bolivarian Republic of Venezuela  
Venezuelan Institute of Social Security  
Fringe Benefits Division

S-A 1101939

**CERTIFICATE OF GOOD STANDING**

REASON: 1



REASON:

1. a) To participate in bids of any kind sponsored by official entities or companies in which the State has an interest.
2. b) To collect credits from state entities
3. c) To carry out sale, assignment, lease or transfer operations of a company or establishment.

Company Number: E-14032466

Identity Card No. J-31074618-2

Date of Issue: 02/13/2012

Place: P.L.C.

Valid until: 03/13/12

Certificate of Good Standing No.: 0679-12

Pursuant to the provisions set forth in the Law of Social Security and its Regulations, this document is issued to:

**EXILON PETROLEUM DE VENEZUELA, C.A.**

Record No.: [-blank-]

Acronym: FACT

Date: 02-12

Valid in: Anzoategui

Authorized signature:

[Signed Illegible]

Karelys Salazar. Head of Branch Office

[Seal of the "Bolivarian Republic of Venezuela. Ministry of People's Power for Labor. Venezuelan Institute of Social Security. Administrative Office in Barcelona-Puerto La Cruz"]

This document can be declared null and void if the competent authorities determine non-compliance with the Law of Social Security and its Regulations.

NOT VALID TO OBTAIN CONSTRUCTION PERMITS

FREE ISSUE"-----