F1200002706

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	ty/State/Zip/Phone	∌ #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Do	cument Number)			
Certified Copies	Certificates	of Status		
Special Instructions to	Filing Officer:			

Office Use Only



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2012 JUN 28 AM 10: 41
SECRETARY OF STATE

COVER LETTER

COVER LEI IER					
TO: New Filing Section Division of Corporations					
SUBJECT: ASOCIACION COOPERATIVA COSAPI, R.L. 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:					
ISABEL MARTINEZ					
Name of Person					
CHARM CONSULTING LLC					
Firm/Company					
1825 MAIN STREET					
Address					
WESTON FL 33326					
City/State and Zip code					
imartinez@charmrealty.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Isabel Martinez at (754) 234-3393					
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 Enclosed is a check for the following amount: MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314					
7570.00 Filing Fee Certificate of Status S78.75 Filing Fee Certified Copy 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.

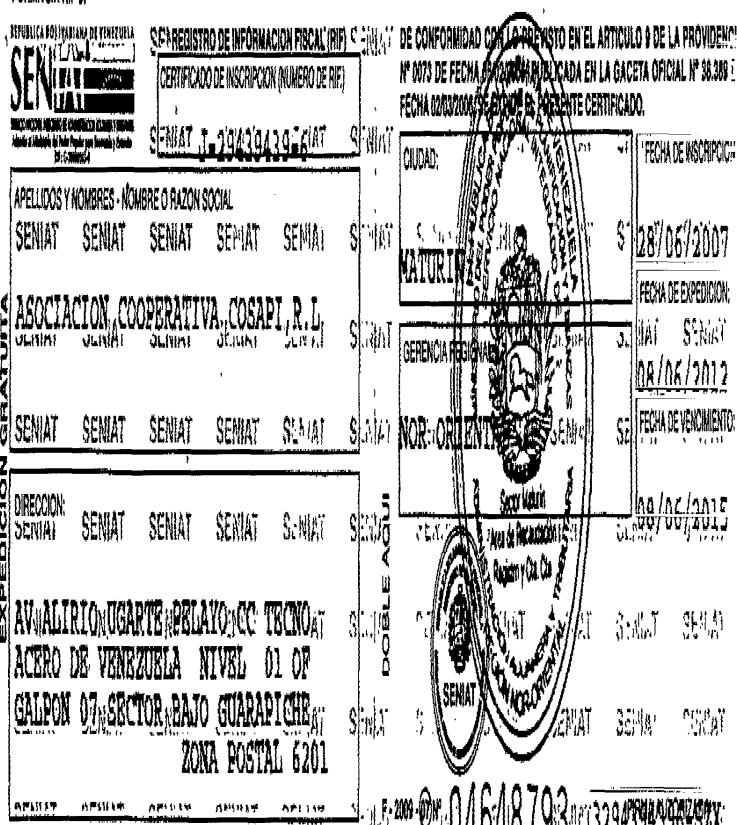
	ION COOPERATIVA			a take	٠.
	orporation; must include "INCOI orp," "Inc," "Co," or "Corp.")	RPORATED," "COMPA	NY," "CORPORATIO	N,"	
	,				
(If name unavail:	able in Florida, enter alternate co	rporate name adopted for t	the purpose of transacti	ng business in Florida)	_
VENEZUELA	•	3. N/A			
(State or country	under the law of which it is incor	rporated)	(FEI number, if app	plicable)	
05/12/2007		_ 5. "PERPE	TUAL"		
·	of incorporation)			o exist or "perpetual")	-
. N/A				·	
		ted business in Florida, if § 501 & 607.1502, F.S., to		lity)	- "
Av. Alino Ugarte	e Pelayo, CC Tecno Acero de	Venezuela, Nivel 1, Boq	ueron, Maturin, Edo	Monagas, Venezuela	
	(Princi)	pal office address)			
1825 Main St	, Weston FL 33326				
	(Curren	it mailing address)			
Wholesale	Sales, Import/export	t: Oil Industry ea	uipment and s	upplies	
•	s) of corporation authorized in ho				
). Name and stree	et address of Florida registered	l agent: (P.O. Box NO)	<u>Cacceptable</u>)	ALCAN ACCAN	فسيف
Name:	Charm Consulting L	LC		H 2	
Office Address:	1825 Main Street			28 AM ANY OF E	
	Weston	. Flori	_{da} 33326	25 38	- J
	(City)	· · · · · · · · · · · · · · · · · · ·	da 33326 (Zip code)		
Having been nam lesignated in this urther agree to c	gent's acceptance: ted as registered agent and to application, I hereby accept to omply with the provisions of to with and accept the obligation	the appointment as reginal statutes relative to the one of my position as reg	stered agent and agr c proper and comple	ee to act in this capacit	3. I
	(Registered agen	t's signacue)			

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: Hollman Cardenas Address: c/o 1825 Main Street, Weston FL 33326 Vice Chairman: Severiano Marval Address: c/o 1825 Main Street, Weston FL 33326 Director: Eulogio Mago Address: c/o 1825 Main Street, Weston FL 33326 Director: Address: _ **B. OFFICERS** President: Hollman Cardenas Address: c/o 1825 Main Street, Weston FL 33326 Vice President: Severiano Marval Address: c/o 1825 Main Street, Weston FL 33326 Secretary: Eulogio Mago Address: c/o 1825 Main Street, Weston FL 33326 Treasurer: ___ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. Hollman Carcleras Praiders

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

FORMA SIR RIF OT



TRANSLATOR'S CERTIFICATE OF ACCURACY

STATE OF	FLOR	IDA
COUNTY (OF MIA	MI-DADE

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 Spanish language; and That said translation is a true and correct English 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 Castellano; y Que es una traducción fiel y auténtica al Inglés de dicho original, a mi leal saber y entender.

Morella Diaz Translator / Traductora 2012 JUN 28 AM B: 41
SECRETARY OF STATE
TALLAHASSEE, FLORING

Sworn and subscribed before me this 201 day of 300. 2012, by MORELLA DIAZ.

Notary's Signature

() Personally known to me

() Produced identification. If so, type of information produced:

"[Official form]

Form SIR RIF 07 Bolivarian Republic of Venezuela. SENIAT

Integrated National Service for Customs and Tax Administration"]

TAX INFORMATION REGISTRY (RIF)
CERTIFICATE OF REGISTRATION
(RIF NUMBER)
J-29439439-6

Individual or company name:
ASOCIACION COOPERATIVA COSAPI, R.L.

Address:

AV ALIRIO UGARTE PELAYO C.C TECNO ACERO DE VENEZUELA NIVEL 01 OF GALPON 07 SECTOR BAJO GUARAPICHE ZIP CODE 6201.

This Certificate is issued in accordance with the provisions set forth in Article 9 of Ruling No. 0073 dated 02/06/2006, published in Official Gazette No. 38.389 dated 03/02/2006.

City: MATURIN Regional Office: NOR ORIENTA;

Date of Registration: 06/28/2007

Date of issue: 06/08/2012

Date of expiry: 06/06/2015

O4648793 [Signed Illegible] 3294394396-SZX Authorized Signature

[Illegible seals]*-----

END OF TRANSLATION