

F/4000001564

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

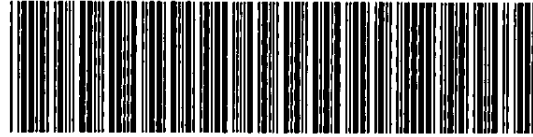
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800258394428

04/07/14--01025--025 **70.00

FILED
14 APR -7 AM 8:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

κ 04/10/14

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: CONINCA DE VENEZUELA, C.A. Co.

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 M Hernandez

Name of Person

at (954) 624-2554

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. CONINCA DE VENEZUELA, C.A. Co.
(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. APPLIED FOR
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 05/18/2012 5. 50 years / 2064
(Date of incorporation) (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. Calle Sucre #24 Sector A, Palo Negro, Maturin, Venezuela
(Principal office address)
c/o 1825 Main Street, Weston FL 33326
(Current mailing address)

8. Sale and Purchase Industrial Controls Equipment and any lawful 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, Corp

Office Address: 1825 Main Street

Weston, Florida 33326
(City) (Zip code)

FILED
14 APR - 7 AM 8:40
SECRETARY OF STATE
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.

[Handwritten signature]
(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: Cruz E. Mentado
Address: Calle Sucre #24, Sector A, Palo Negro, Maturin, Venezuela

Vice Chairman: Luis A. Hernandez
Address: Calle Sucre #24, Sector A, Palo negro, Maturin, Venezuela

Director: _____
Address: _____

Director: _____
Address: _____

FILED
14 APR - 7 AM 8:40
SECRETARIAT OF STATE
TALLAHASSEE, FLORIDA

B. OFFICERS

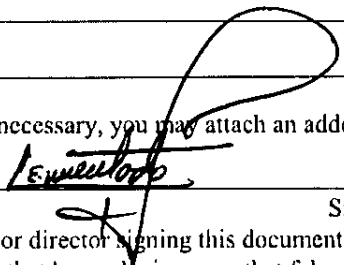
President: Cruz E. Mentado
Address: Calle Sucre #24, Sector A, Palo Negro, Maturin, Venezuela

Vice President: Luis A. Hernandez
Address: Calle Sucre #24, Sector A, Palo Negro, Maturin, Venezuela

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. CRUZ EDUARDO MENTADO SILVEIRA.
(Typed or printed name and capacity of person signing application)

TRANSLATOR'S CERTIFICATE OF ACCURACY

STATE OF FLORIDA)
COUNTY OF MIAMI-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.

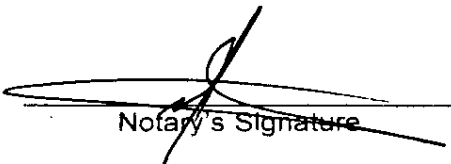
Yo, la suscrita, Morella Díaz, Traductora miembro de la Asociación Americana de Traductores (ATA #234371), debidamente juramentada, por este medio declaro: Que soy una traductora de profesión en los idiomas Inglés y Castellano; Que hablo, leo y escribo dichos idiomas; Que he elaborado cuidadosamente 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.



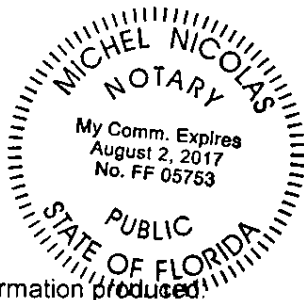
Morella Diaz
Translator / Traductora

FILED
14 APR - 7 AM 8:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Sworn and subscribed before me this 27 day of March, 2014,
by MORELLA DIAZ.



Notary's Signature



Personally known to me
 Produced identification. If so, type of information produced: _____

[Logo of the Venezuelan Social Security Institute]

"BOLIVARIAN REPUBLIC OF VENEZUELA
MINISTRY OF LABOR AND SOCIAL SECURITY
VENEZUELAN SOCIAL SECURITY INSTITUTE
OFFICE OF THE PRESIDENT

ELECTRONIC CERTIFICATE OF SOLVENCY

The Venezuelan Social Security Institute (I.V.S.S.) hereby certifies that the employer CONINCA DE VENEZUELA, C.A., registered under employer number 041275962, with Tax Information Registry (R.I.F.) No. J400854148, represented herein by MENTADO SILVEIRA CRUZ EDUARDO, bearer of Identity Card No. V-6.207.082, is SOLVENT.

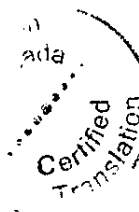
Certificate issued by request of the interested party in the city of Caracas, on March 13, 2014, in accordance with the provisions set forth in the Eighth Final Provision of the Law of Social Security, published in Official Gazette No. 39.912, Decree 8.921 of April 30, 2012.

The present certificate shall be valid until April 6, 2014.

CARLOS ALBERTO ROTONDARO COVA,
Brigadier General
President

In accordance with Decree No. 5.355, published in Official Gazette of the Bolivarian Republic of Venezuela No. 38.688 of May 22, 2007.

The validity of this Electronic Certificate of Solvency may be verified through the Web Portal of I.V.S.S. (www.ivss.gob.ve) with verification code No. 330-f962930-20144."



FILED
14 APR - 7 AM 8:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REPÚBLICA BOLIVARIANA DE VENEZUELA
MINISTERIO DEL PODER POPULAR PARA EL TRABAJO Y SEGURIDAD SOCIAL
INSTITUTO VENEZOLANO DE LOS SEGUROS SOCIALES
PRESIDENCIA

CERTIFICADO ELECTRÓNICO DE SOLVENCIA

El Instituto Venezolano de los Seguros Sociales (I.V.S.S.), hace constar que el (la) empleador (a) CONINCA DE VENEZUELA, C.A. inscrito (a) bajo el número patronal O41275962, cuyo Registro de Información Fiscal (R.I.F.) J400854148, representado por el (la) ciudadano (a) MENTADO SILVEIRA CRUZ EDUARDO, titular de la Cédula de Identidad N° V-6207082, se encuentra:

SOLVENTE

Certificado que se expide a petición de la parte interesada en la ciudad de Caracas a los 13 días del mes de Marzo de 2014, de acuerdo a lo establecido en la Octava Disposición Final de la Ley del Seguro Social, publicada en Gaceta Oficial N° 39.912, Decreto 8.921 de fecha 30 de Abril de 2012.

El presente certificado tendrá vigencia hasta el 6 de Abril de 2014.

CARLOS ALBERTO ROTONDARO COVA
GENERAL DE BRIGADA
PRESIDENTE

Según Decreto N° 5.355 publicado en Gaceta Oficial de la República Bolivariana de Venezuela N° 38.688 de fecha 22 de mayo de 2007

La validez de este certificado electrónico de solvencia, puede comprobarse a través del Portal Web del I.V.S.S. (www.ivss.gob.ve) con el Código de Verificación N° 330-f962930-20144.

FILED
14 APR -7 AM 8:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSLATOR'S CERTIFICATE OF ACCURACY

STATE OF FLORIDA)
COUNTY OF MIAMI-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.



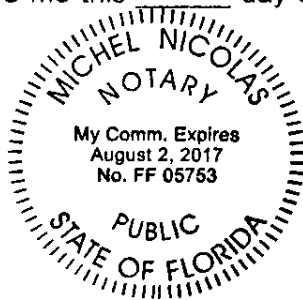
Morella Diaz
Translator /Traductora

FILED
14 APR -7 AM 8:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Sworn and subscribed before me this 27 day of March, 2014,
by MORELLA DIAZ.



Notary's Signature



Personally known to me
 Produced identification. If so, type of information produced: _____

TRANSLATION FROM SPANISH INTO ENGLISH

[LETTERHEAD OF SENIAT]

Tax Information Registry (RIF)

Registration Certificate (RIF Number): J-40085414-8

Trade Name: CONINCA DE VENEZUELA, C.A.

Address: Calle Sucre No. 24, Locale No. A Sector, Palo Negro, Maturin,
Postal Zone 6201

In accordance with the provisions set forth in Article 8 of Order No. 0073 of 2-6-2006, published in Official Gazette No. 38.389 of 3-2-2006, the present certificate is issued.

City: Maturin

Regional Management Office: Northeastern

Date of Registration: 5-18-2012

Date of Issuance: 5-18-2012

Date of Expiration: 5-18-2015

F-2009 - 07 No. 04643898

Authorized Signature: 3400854148-ZKT

[There is an oval seal from SENIAT affixed hereto]-----

END OF TRANSLATION

FILED
14 APR - 7 AM 8:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

on
ada
certified
Translation

on
ada
certified
Translation

on
ada
certified
Translation



N° COMPROBANTE: 201307Z0000016018187

REGISTRO ÚNICO DE INFORMACIÓN FISCAL (RIF)

J400854148 CONINCA DE VENEZUELA,C.A.

FECHA DE INSCRIPCIÓN: 18/05/2012

DOMICILIO FISCAL CALLE SUCRE N° 24 LOCAL NRO A SECTOR PALO NEGRO,
MATURIN MATURIN MONAGAS ZONA POSTAL 6201

FECHA DE ÚLTIMA ACTUALIZACIÓN: 18/05/2012

FECHA DE VENCIMIENTO: 18/05/2015

GERENCIA REGIONAL DE TRIBUTOS INTERNOS
REGIÓN NOR-ORIENTAL

3400854148-ZKT
FIRMA AUTORIZADA



Condición: Contribuyente Ordinario del IVA: La condición de este contribuyente requiere la retención del 75% del impuesto causado, salvo que incurra en los supuestos establecidos para la retención del 100%.

La validez de este Comprobante debe verificarse a través de la dirección www.seniat.gob.ve, Sistemas en Línea mediante la opción 'Consulta Comprobante Digital RIF'. No requiere sello húmedo.

CONINCA
de venezuela c.a.
RIF: J-40085414-8

FILED
14 APR -7 AM 8:40
SECRETARY OF STATE
FALLS CHURCH, VIRGINIA