

F14000002502

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

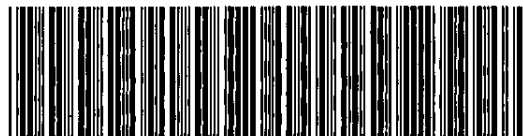
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

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

**SUBJECT:** NATIVA GROUP CORPORATION

Name of corporation - must include suffix

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

Scott Villanueva

Name of Person

Firm/Company

1390 South Dixie Highway Suite 1104

Address

Coral Gables, FI 33146

City/State and Zip code

svillanueva@sgvlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott Villanueva

Name of Person

at ( 305 ) 579-6800

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. **NATIVA GROUP 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. **PANAMA**

(State or country under the law of which it is incorporated)

3. **N/A**

(FEI number, if applicable)

4. **08/27/2012**

(Date of incorporation)

5. **PERPETUAL**

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

6. **UPON QUALIFICATION**

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

7. **Via España 122. Torre Delta. Piso 14 apdo 0823-05658. República de Panamá**

(Principal office address)

**Via España 122. Torre Delta. Piso 14 apdo 0823-05658. República de Panamá**

(Current mailing address)

8. **To engage in any lawful act or activity**

(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:

**Scott Villanueva**

Office Address:

**1390 South Dixie Highway, Suite 1104**

**Coral Gables**

(City)

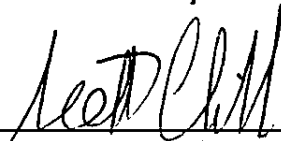
**33146**

(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: \_\_\_\_\_

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

Vice Chairman: \_\_\_\_\_

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

Director: **LUIS M. VILLANUEVA**

Address: Via España 122 torre Delta Piso 14 apdo 0823-05658 Republica de Panama

Director: **JUAN A. POMO**

Address: Via España 122 torre Delta Piso 14 apdo 0823-05658 Republica de Panama.

**B. OFFICERS**

President: **LUIS M. VILLANUEVA**

Address: Via España 122 torre Delta Piso 14 apdo 0823-05658 Republica de Panama

Vice President: \_\_\_\_\_

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

Secretary: **JUAN A. POMO**

Address: Via España 122 torre Delta Piso 14 apdo 0823-05658 Republic de Panama

Treasurer: **NOLBERTO ARIZA**

Address: Via España 122 torre Delta Piso 14 apdo 0823-05658 Republic de Panama

**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. **LUIS M. VILLANUEVA**

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCURAPID CORP.**

Traducciones profesionales  
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300 Aragon Ave. Suite 110  
Coral Gables, F. 33134  
Phone: 786-552-5011

Professional Translations  
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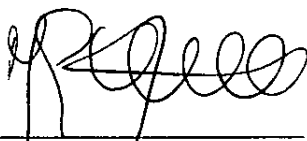
Translation from Spanish into English

**CERTIFICATE OF TRANSLATION**

**CITY OF CORAL GABLES  
COUNTY OF MIAMI-DADE  
STATE OF FLORIDA**

I, Virginia González-Pino, professional translator of the Spanish and English languages, on behalf of Docurapid Corporation, lawfully organized and established under the laws of the State of Florida, member of the American Translators Association with No. 251466, do hereby certify that the attached translation, consisting of 1 page, is, to the best of my knowledge and belief, a true and accurate rendition into the English language of the **Certificate of Good Standing of NATIVA GROUP CORPORATION**, issued by the Public Registry in Panama.

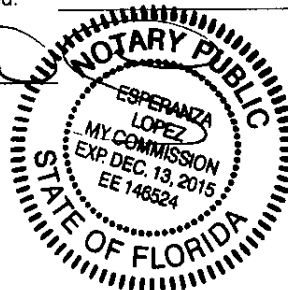
While every effort has been made to guarantee the quality and accuracy of the attached translation, Docurapid Corp. and/or staff members are not liable for any inconvenience/conflict arising as a result of any omissions, misinterpretations or other errors in the translation. For all purposes the original version prevails.



Virginia González-Pino

State of Florida )  
County of Dade )  
The foregoing instrument was a sworn and subscribed to  
before me this **May 27, 2014**  
by **Virginia González-Pino**  
Personally known to me [ x ] or produced identification [ ]  
Type of ID produced: \_\_\_\_\_

Notary Public



**DOCURAPID CORP.**

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Notariado  
Servicio de mensajería

300 Aragon Ave. Suite 110  
Coral Gables, FL 33134  
Phone: 786-552-5011

Professional Translations  
Notarizations  
Courier Services

Translation from Spanish into English

[Logo of the entity]  
**REPUBLIC OF PANAMA**  
**PUBLIC REGISTRY OF PANAMA**

Nº 634643

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// GLJOPA20 //

C E R T I F I E S

IN VIEW OF APPLICATION 14 - 1563188

----- THAT THE CORPORATION: -----

NATIVA GROUP CORPORATION

IS REGISTERED UNDER NUMBER 778586 DOCUMENT 2234353 SINCE THE TWENTY-SEVENTH DAY OF AUGUST, TWO THOUSAND TWELVE.

- THAT THE CORPORATION IS IN GOOD STANDING.

- THAT THE SUBSCRIBERS ARE:

- (1) ROSA MARI MOLINO
- (2) ROLANDO ANIBAL GUEVARA

- THAT THE DIRECTORS ARE:

- (1) LUIS M. VILLANUEVA
- (2) JUAN A. POMO
- (3) NOLBERTO ARIZA

- THAT THE OFFICIALS ARE:

PRESIDENT : LUIS M. VILLANUEVA  
TREASURER : NOLBERTO ARIZA  
SECRETARY : JUAN A. POMO

- THAT THE LEGAL REPRESENTATION SHALL BE EXERCISED BY:

THE LEGAL REPRESENTATIVE OF THE CORPORATION SHALL BE THE PRESIDENT, AND UNDER HIS ORDER THE SECRETARY OR ANY OTHER OFFICIAL OF THE CORPORATION ELECTED BY THE BOARD OF DIRECTORS FOR SUCH PURPOSE.

- THAT THE REGISTERED AGENT IS: ROSAS Y ROSAS

- THAT THE CAPITAL IS 10,000.00 U.S. DOLLARS.

- THAT THE DURATION IS PERPETUAL

- THAT THE REGISTERED OFFICE IS ESTABLISHED IN PANAMA

THIS ISSUED AND SIGNED IN THE PROVINCE OF PANAMA, ON THE SIXTEENTH DAY OF MAY, TWO THOUSAND FOURTEEN, AT 12:39:58 PM.

NOTE: THE FEE PAID FOR THIS CERTIFICATION WAS 30.00.

RECEIPT Nº 14 - 1563188

CERTIFICATE Nº: SOCIEDAD ANÓNIMA - 056107

DATE: FRIDAY, MAY 16, 2014

(Signed) YADINEL ORTEGA

CERTIFIER

// GLJOPA20 //

APOSTILLE

Convention de la haye du 5 de octubre 1961

1. Country: PANAMA

This public instrument

2. has been signed by Yadinel Ortega

3. acting in his/her capacity as Certifier

4. bears the seal/stamp of (illegible)

CERTIFIED

5. In Panama 5.(sic) on May 20, 2014

7. by the ADMINISTRATIVE DEPARTMENT

8. under number 28,608

9. Seal/stamp 10. Signature (illegible signature)

[Rubber seal of the Public Registry of Panama, the Ministry of the Interior - Treasury Department, and illegible stamp]

American Translators Association  
Member Nº 251466



REPUBLICA DE PANAMA  
REGISTRO PUBLICO DE PANAMA

No. 634643

PAG. 1  
// GLJOPA20 //

CERTIFICA

CON VISTA A LA SOLICITUD 14 - 1563188

QUE LA SOCIEDAD :

NATIVA GROUP CORPORATION.

SE ENCUENTRA REGISTRADA LA FICHA 778586 DOC. 2234353 DESDE EL

VEINTISIETE DE AGOSTO DE DOS MIL DOCE

- QUE LA SOCIEDAD SE ENCUENTRA VIGENTE

- QUE SUS SUSCRIPTORES SON:

( 1 ) ROSA MARI MOLINO

( 2 ) ROLANDO ANIBAL GUEVARA

- QUE SUS DIRECTORES SON:

1 ) LUIS M. VILLANUEVA

2 ) JUAN A. POMO

3 ) NOLBERTO ARIZA

- QUE SUS DIGNATARIOS SON:

PRESIDENTE : LUIS M. VILLANUEVA

TESORERO : NOLBERTO ARIZA

SECRETARIO : JUAN A. POMO

- QUE LA REPRESENTACION LEGAL LA EJERCERA:

EL REPRESENTANTE LEGAL DE LA SOCIEDAD SERA EL PRESIDENTE, PUDIENDO REPRESENTARLO POR SU ORDEN EL SECRETARIO O CUALQUIER OTRO DIGNATARIO DE LA SOCIEDAD ESCOGIDO POR LA JUNTA DIRECTIVA PARA TAL EFECTO.

- QUE SU AGENTE RESIDENTE ES: ROSAS Y ROSAS

- QUE SU CAPITAL ES DE \*\*\*\*\*10.000.00 DOLARES AMERICANOS.

- QUE SU DURACION ES PERPETUA

- QUE SU DOMICILIO ES PANAMA

EXPEDIDO Y FIRMADO EN LA PROVINCIA DE PANAMA, EL DIECISEIS DE MAYO DEL DOS MIL CATORCE A LAS 12:39:58 P.M

NOTA: ESTA CERTIFICACION PAGO DERECHOS

POR UN VALOR DE B/. 30.00

COMPROBANTE NO. 14 - 1563188

NO. CERTIFICADO: S. ANONIMA - 056107

FECHA: Viernes 16, Mayo DE 2014

// GLJOPA20 //

YADINEL ORTEGA  
CERTIFICADOR

APOSTILLE

Convention de la Haye du 5 de octubre 1961

1 Pais PANAMA.

El presente documento público

2 ha sido firmado por

3 quien actua en calidad

4 y esta revestido del sello/timbre de

CERTIFICADO

20 MAY 2014

5 EN Panamá 5 de

7 por DIRECCION ADMINISTRATIVA

8 Bajo el número 28,601

9 Sello/timbre 10 Firma

REPUBLICA DE PANAMA



3.0200

POSTA: 1A 430444

Esta Autorización no  
implica responsabilidad  
en cuanto al contenido  
del documento