

F140000005062

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

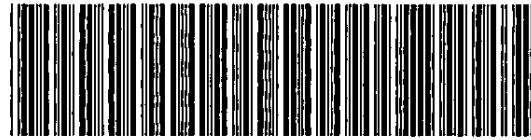
(Business Entity Name)

(Document Number)

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

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TALLAHASSEE, FLORIDA

1114-6965

YMD 12/2

## COVER LETTER

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

**SUBJECT:** HERDIVESA CONSULTORES W S. DE R.L. DE C.V. 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:

RUBEN D. TORO

Name of Person

RUBEN TORO P.A.

Firm/Company

7901 KINGSPONTE PKWY STE. 31

Address

ORLANDO FL 32819

City/State and Zip code

rubencpa@bellsouth.net

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

For further information concerning this matter, please call:

Ruben D. Toro

Name of Person

at ( 407 ) 370-6445

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

November 17, 2014

RUBEN D. TORO  
7901 KINGSPONTE PKWY., STE.31  
ORLANDO, FL 32819

SUBJECT: HERDIVESA CONSULTORES, S. DE R.L. DE C.V. CO.  
Ref. Number: W14000069155

We have received your document for HERDIVESA CONSULTORES, S. DE R.L. DE C.V. CO. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Maryanne Dickey  
Regulatory Specialist II

Letter Number: 714A00024375

**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. HERDIVESA CONSULTORES W, S. DE R.L. DE C.V. 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. SAN PEDRO SULA, HONDURAS

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

3. APPLIED FOR

(FEI number, if applicable)

4. 02/18/2004

(Date of incorporation)

5. PERPETUAL

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

6. 11/01/2014

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

7. 7901 KINGSPONTE PKWY STE. 31, ORLANDO FL 32819

(Principal office address)

7901 KINGSPONTE PKWY STE. 31, ORLANDO FL 32819

(Current mailing address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: RUBEN D. TORO

Office Address: 7901 KINGSPONTE PKWY STE. 31

ORLANDO

(City)

32819

, Florida (Zip code)

9. 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)

10. 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.

11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: MARIBEL VELASQUEZ ALVARADO

Address: 7901 KINGSPORTE PKWY STE. 31  
ORLANDO FL 32819

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

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

Director: DERRICK HEDMAN

Address: 7901 KINGSPORTE PKWY STE. 31  
ORLANDO FL 32819

Director: MELVIN ANIBAL AGUILAR VALLE

Address: 7901 KINGSPORTE PKWY STE. 31  
ORLANDO FL 32819

**B. OFFICERS**

President: MARIBEL VELASQUEZ ALVARADO

Address: 7901 KINGSPORTE PKWY. STE. 31  
ORLANDO FL 32819

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

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

Secretary: DERRICK HEDMAN

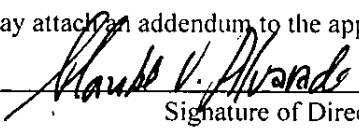
Address: 7901 KINGSPORTE PKWY STE. 31, ORLANDO FL 32819

Treasurer: MELVIN ANIBAL AGUILAR VALLE

Address: 7901 KINGSPORTE PKWY STE. 31, ORLANDO FL 32819

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. \_\_\_\_\_

  
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.

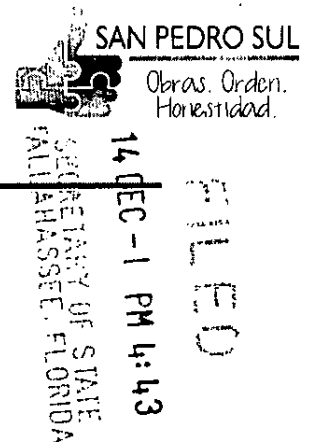
13. Maribel V. Alvarado

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

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14 DEC -1 PM 4:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



***Municipalidad de San Pedro Sula***  
***Dirección Municipal de Ingresos***



## CONSTANCIA

El suscrito Director Municipal de Ingresos, de la Municipalidad de San Pedro Sula, **HACE CONSTAR:** Que en los archivos de Industria Comercio y Servicio, se encuentra registrado el contribuyente **HERDIVESA CONSULTORES W, S. DE R.L. DE C.V.,** con registro municipal de contribuyente 1233094-4, esta solvente de pago en el impuesto de Industria y Comercio, hasta el año dos mil catorce.

En fe de lo cual extendiendo la presente en la ciudad de San Pedro Sula, Cortés, a los diez días del mes de octubre del año dos mil catorce.

  
**LIC. ANGEL ROLANDO PERDOMO MATUTE**  
**DIRECCIÓN MUNICIPAL DE INGRESOS**

Constancia valida por un mes a partir de la fecha

Pagos efectuados en:  
FICOHSA, 09-10-2014

FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**MUNICIPALITY OF SAN PEDRO SULA**

**MUNICIPAL REVENUE MANAGEMENT**

**CERTIFICATE**

The subscribed REVENUE MUNICIPAL DIRECTOR, of the municipality of SAN PEDRO SULA, **CERTIFIES**; that in the public records of the INDUSTRY TRADE AND SERVICES, **HERDIVESA CONSULTORES W, S. DE R.L. DE C.V.**, is registered with municipal contributor number; 1233094-4 and this firm has paid the Industry and Trade taxes until December 31, 2014.

In witness whereof the present certification in the city of San Pedro Sula, Corte, on October of year two thousand fourteen (2014).

Lic. ANGEL ROLANDO PERDOMO MATUTE

REVENUE MUNICIPAL DIRECTOR

Certificate is valid for one month after the date of issue