

F15000004091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

SEP 17 2015

N. CAUSSEAU

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

MULTISERVICIOS SUSERMAT C.A. Inc.

**SUBJECT:** \_\_\_\_\_  
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 CORP

\_\_\_\_\_  
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

954

624-2554

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

### MAILING ADDRESS:

Registration 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.*

MULTISERVICIOS SUSERMAT C.A., Inc.

1. \_\_\_\_\_  
(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. N/A  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 02/28/2103 5. 50 YEARS  
(Date of incorporation) (Date of duration, if other than 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 CARLOS MHOLE, CC FUNDEMOS, TORRE NORTE, OF N-13, MATURIN, EDO MONAGAS,  
VENEZUELA  
(Principal office address)

C/O 1120 S POWERLINE ROAD, POMPAÑO BEACH, FL 33069  
(Current mailing address, if different)

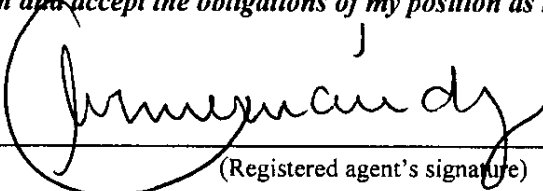
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: TOTALCORP BUSINESS CONSULTANTS, Corp *POB-5012*  
Office Address: 1825 MAIN STREET  
WESTON, Florida \_\_\_\_\_  
(City) (Zip code)

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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: ROBERT J. LENCE

Address: CALLE CARLOS Mhole, CC FUNDEMOS, TORRE NORTE, OF N-13, Maturin, EDO Monagas  
VENEZUELA

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

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

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

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

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

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

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**B. OFFICERS**

President: ROBERT J. LENCE

Address: CALLE CARLOS Mhole, CC FUNDEMOS, TORRE NORTE, OF N-13, Maturin, EDO Monagas  
VENEZUELA

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

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

Secretary: \_\_\_\_\_

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

Treasurer: \_\_\_\_\_

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

**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 11 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. \_\_\_\_\_


PRESIDENT

Robert J Lence

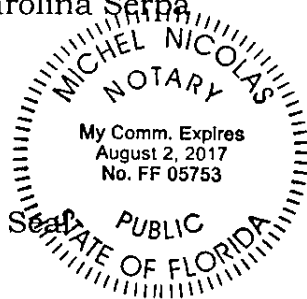
(Typed or printed name and capacity of person signing application)


**CERTIFICADO DE TRADUCCIÓN**  
**(TRANSLATOR'S CERTIFICATE OF ACCURACY)**

I, the undersigned, Carolina Serpa, 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.

  
\_\_\_\_\_  
Carolina Serpa  
Traductora / Translator

Sworn to and subscribed to before me this 27<sup>th</sup> day of August, 2015.  
By Carolina Serpa



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

- (X) Personally know to me  
( ) Produced identification

If so, type of identification produced: \_\_\_\_\_

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TALLAHASSEE, FLORIDA

“[Official form]  
Bolivarian Republic of Venezuela.  
**SENIAT**  
Integrated National Service for Customs and Tax Administration”]

VOUCHER NUMBER: 201307T0000017280362

SINGLE TAX INFORMATION REGISTRY (RIF)

**J402137516 MULTISERVICIOS SUSERMAT C.A.**

ADDRESS CALLE CALOS Mhole ENTRE CARRERA 6 Y 7 CC  
FUNDEMOS TORRE NORTE NIVEL 1 OF N-13 SECTOR EL MERCADO  
VIEJO MATORIN MONAGAS ZIP CODE 6201

Date of Registration: 03/12/2013  
Date of issue: 03/12/2013  
Date of expiry: 03/12/2016

Special Taxpayers Unit (Matorin)

**3402137516-HWA**  
Authorized Signature

Status: ordinary Sales Tax Payer and Sales Tax Retention Agent: The condition of this taxpayer requires the retention of 75% of the sales tax, unless incurring the rules made for the retention of 100%.

The validity of this voucher must be verified through the web address [www.seniat.gov.ve](http://www.seniat.gov.ve), online system through the option 'Check RIF Digital Voucher' Does not requires wet seal.

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TALLAHASSEE, FLORIDA



N° COMPROBANTE: 201307T0000017280362

**REGISTRO ÚNICO DE INFORMACIÓN FISCAL (RIF)**

**J402137516** MULTISERVICIOS SUSERMAT C.A.

**FECHA DE INSCRIPCIÓN:** 12/03/2013

**DOMICILIO FISCAL** CALLE CARLOS MHOLE ENTRE CARRERA 5 Y 6 CC FUNDEMOS  
TORRE NORTE NIVEL 1 OF N-13 SECTOR MERCADO VIEJO MATORIN MONAGAS  
ZONA POSTAL 6201

**FECHA DE ÚLTIMA ACTUALIZACIÓN:** 12/03/2013

**FECHA DE VENCIMIENTO:** 12/03/2016

**UNIDAD DE CONTRIBUYENTES ESPECIALES  
(MATORIN)**

**3402137516-HWA  
FIRMA AUTORIZADA**



**Condición: Contribuyente Ordinario del IVA y Agente de Retención 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](http://www.seniat.gob.ve), Sistemas en Línea mediante la opción 'Consulta Comprobante Digital RIF'. No requiere sello húmedo.

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