F16000001198

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3/16/16 DS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PROCUSERVI C.A., CORP
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)

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For further information concerning this matter, please call:

Carmen Matilde Hernandez at (954) 624-2554
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.

1. PROCUSERVI C.A., Corp.
(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
(State or country under the law of which it is incorporated)

3. NONE
(FEI number, if applicable)

4. 03/02/2012
(Date of incorporation)

5. PERPETUAL
(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. AV. ALIRIO UGARTE PELAYO, CC LA ESTACION, NIVEL 14, MATURIN, EDO MONAGAS, VENEZUELA
(Principal office address)

C/O TOTALCORP BUSINESS CONSULTANTS CORP: 1825 MAIN STREET, WESTON FL 33326
(Current mailing address, if different)

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

Name: TOTALCORP BUSINESS CONSULTANTS CORP

Office Address: 1825 MAIN STREET

WESTON (City), Florida 33326 (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: ALBERTO S. ABARCA

Address: AV. ALIRIO UGARTE PELAYO, CC LA ESTACION, NIVEL 14, MATURIN, EDO MONAGAS, VENEZUELA

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: ALBERTO S. ABARCA

Address: AV. ALIRIO UGARTE PELAYO, CC LA ESTACION, NIVEL 14, 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. ALBERTO S. ABARCA (PRESIDENT)
(Typed or printed name and capacity of person signing application)

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I, Maria Carolina Mendez, a BA in Modern Languages, a Legal Translator, a Member of the American Translators Association (ATA) No. 245398, and an Officially Sworn English and Spanish Translator & Interpreter by the Bolivarian Republic of Venezuela per Official Gazette No. 35,986 dated June 21, 1996, do hereby certify that the following is a verbatim translation into the English language of the attached document which I have been asked to translate:

Bolivarian Republic of Venezuela

SENIAT. National Service of Customs and Tax Administration

No. 201507T0000025862156

Single Tax Information Registry (RIF)

J400580994 PROCUSERVI, C.A.

Address: Av Alirio Ugarte Pelayo Local C.C. La Estacion. Nivel 1 Office No. 14 Sector Bajo Guarapiche Maturin Monagas Zona Postal 6201.

Registry Date: September 19, 2012

Date of the Last Update: February 18, 2016

Expiration Date: April 21, 2018

Regional Management of Internal Tax

North East Region

3400580994-IDL Authorized Signature

This is a faithful translation of the attached original, written in Spanish, which I have made at the request of the interested party, in witness whereof I hereunto set my hand and affix my seal, this 25th day of February, 2016.

Maria Carolina Mendez, BA.
Certified Translator

N° COMPROBANTE: 201507T0000025862156

REGISTRO ÚNICO DE INFORMACIÓN FISCAL (RIF)

J400580994 PROCUSERVI, C.A

DOMICILIO FISCAL AV ALIRIO UGARTE PELAYO CC LA ESTACION NIVEL 1 OF N° 14 SECTOR BAJO GUARAPICHE MATURIN MONAGAS ZONA POSTAL 6201

FECHA DE INSCRIPCIÓN: 19/03/2012
FECHA DE ÚLTIMA ACTUALIZACIÓN: 18/02/2016
FECHA DE VENCIMIENTO: 21/04/2018

GERENCIA REGIONAL DE TRIBUTOS INTERNOS
REGIÓN NOR-ORIENTAL

3400580994-IDL
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.

REPÚBLICA BOLIVARIANA DE VENEZUELA
Méndez C.
EN EL IDIOMA INGLÉS

N° COMPROBANTE: 201507T0000025862156

REGISTRO ÚNICO DE INFORMACIÓN FISCAL (RIF)

J400580994 PROCUSERVI, C.A

FECHA DE INSCRIPCIÓN: 19/03/2012

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