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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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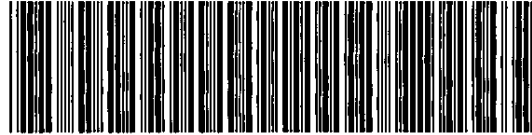
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JUN 16 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SOVICA ELECTRONICS CA, CORP.

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:

DAVID HOROWITZ

Name of Person

SOVICA ELECTRONICS CA, CORP.

Firm/Company
2891 SW 69 COURT

Address
MIAMI, FL 33155

City/State and Zip code
VIDAENTER@HOTMAIL.COM

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

For further information concerning this matter, please call:

DAVID HOROWITZ

305

265 4480

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.*

SOVICA ELECTRONICS CA, CORP.

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)
VENEZUELA

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
NOVEMBER 18th 1974

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
CALLE 11 ENTRE 4 Y 5, EDIFICIO ELKAR, LA URBINA, CARACAS, VENEZUELA

7. _____
(Principal office address)
2891 S.W. 69 COURT, MIAMI, FL 33155

(Current mailing address, if different)

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

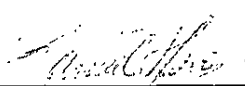
DAVID HOROWITZ

Name: _____
2891 S.W. 69 COURT

Office Address: _____
MIAMI 33155
_____, Florida _____
(City) (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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

RUBEN GUTIERREZ GARCIA

President: _____

CALLE 11 ENTRE 4 Y 5 , EDIFICIO ELKAR , LA URBINA , CARACAS , VENEZUELA

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

DAVID HOROWITZ

Treasurer: _____

2891 S.W. 69 COURT. MIAMI , FL 33155

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.

DAVID HOROWITZ / TREASURER

13. _____

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

TRANSLATION

FAST AGENCY SERVICES
7870 W. FLAGLER STREET, MIAMI, FL 33144
TEL. (305) 559-6822

BOLIVARIAN REPUBLIC OF VENEZUELA
MINISTRY OF THE POPULAR POWER FOR THE LABOR SOCIAL PROCESS
VENEZUELAN INSTITUTE OF THE SOCIAL SECURITY PRESIDENCY

ELECTRONIC CERTIFICATE OF SOLVENCY

The Venezuelan Institute of the Social Security (I.V.S.S.), hereby affirms that the employer **SOVICA ELECTRONICS CA** registered under the employer Number D16182624, whose Tax Identification Number (R.I.F.) J000926689, represented by the citizen GUTIERREZ GARCIA RUBEN, bearer Identification Number V-634097, with current status:

SOLVENT

Certificate is being issued at the request of the interested party in the city of Caracas on June 8, 2016, in accordance with the Eighth Final Disposition of the Social Security Law, published in the Official Gazette No. 39.912, Decree 8.921 dated on April 30, 2012.

The present certificate is valid through July 2nd, 2016.

CARLOS ALBERTO ROTONDARO COVA
DIVISION CHIEF
PRESIDENT

According to Decree No. 5.355 published in the Official Gazette for the Bolivarian Republic of Venezuela No. 38.688 dated May 22nd, 2007.

The validity of this electronic certificate of solvency, may be verified through the web portal at I.V.S.S. (WWW.IVSS.GOB.VE) WITH THE VERIFICATION CODE NO. 291-d7e9710-20165.

Certificate of Translator's Competence:

This is to certify that the foregoing is a true and accurate translation of the original document in Spanish translated by me to the best of my knowledge and ability. I am competent in both Spanish and English to render such translation. Document consists of 1 page(s).

Luz M. Munoz

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

Sworn to (or affirmed) and subscribed before me this 9 day of June, 2016 by Luz M. Munoz.

Beatriz Linares-Calamita
Signature, Notary Public-State of Florida

Personally known ☒ OR Produced Identification ☐
Type of Identification: Produced:



BEATRIZ LINARES-CALAMITA
MY COMMISSION # FF 971669
EXPIRES: April 25, 2020

Bonded Thru Budget Notary Services



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

LINARES-CALAMITA
COMISION # FF 971669
PIRES: April 25, 2020
Thru Budget Notary Services

CERTIFICADO ELECTRÓNICO DE SOLVENCIA

El Instituto Venezolano de los Seguros Sociales (I.V.S.S.), hace constar que el (la) empleador (a) SOVICA ELECTRONICS CA inscrito (a) bajo el número patronal D16182624, cuyo Registro de Información Fiscal (R.I.F.): J000926689, representado por el (la) ciudadano (a) GUTIERREZ GARCIA RUBEN, titular de la Cédula de Identidad N° V-634097, se encuentra:

SOLVENTE

Certificado que se expide a petición de la parte interesada en la ciudad de Caracas a los 8 días del mes de Junio de 2016, 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 2 de Julio de 2016.

CARLOS ALBERTO ROTONDARO COVA
GENERAL DE DIVISIÓN
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° 291-d7e9710-20165.