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(Requestor's Name)

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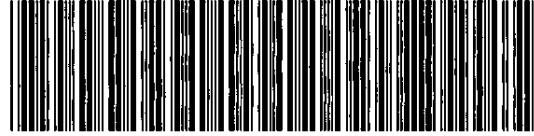
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2016 JUN 14 P 4: 55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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JUN 16 2016

DIEGO L. RESTREPO, P.A.

ATTORNEYS AT LAW

Diego L. Restrepo, Esq., CPA
diego@restrepolaw.com

2600 So. Douglas Road, Suite 913
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Telephone: (305) 447-9430
Facsimile: (305) 448-5541

June 10, 2016

Sent via Federal Express
Tacking Number 7764 9329 4295

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

Re: NUEVA VALENCIA S.A. (the "Company")
Application by Foreign Corporation for Authorization to Transact
Business in Florida

To whom it may concern:

Enclosed please find Check No. 1011 in the amount of US\$70.00 to cover the filing of the above mentioned document. Along with the application and check, please also find the Certificate of Good Standing of the Company.

Should you have any questions, please do not hesitate to call us.

Very truly yours,

DIEGO L. RESTREPO, P.A.


Mariana Sanchez Perez

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NUEVA VALENCIA SA.
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:
DIEGO L. RESTREPO, ESQ.

Name of Person

DIEGO L. RESTREPO P.A.

Firm/Company

2600 S DOUGLAS ROAD, SUITE 913

Address

CORAL GABLES, FL 33134

City/State and Zip code

diego@restrepolaw.com

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

For further information concerning this matter, please call:

Mariana Sanchez Perez	305	447-9430
_____	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.

1. NUEVA VALENCIA SA, INC.
(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. WYOMING 3. 81-2660629
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. MAY 17, 2016 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. JUNE 1, 2016
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 2600 S DOUGLAS ROAD, SUITE 913, CORAL GABLES, FL 33134
(Principal office address)

(Current mailing address, if different)

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

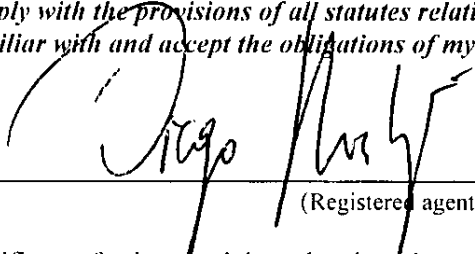
Name: INTERNATIONAL CORPORATE SERVICE, INC.

Office Address: 2600 S DOUGLAS ROAD, SUITE 913
CORAL GABLES, Florida 33134
(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: DIEGO L RESTREPO
2600 S DOUGLAS ROAD, SUITE 913
Address: CORAL GABLES, FL 33134

Vice Chairman: TANIA M. GOMEZ-RESTREPO
2600 S DOUGLAS ROAD, SUITE 913
Address: CORAL GABLES, FL 33134

Director: MARIANA SANCHEZ PEREZ
2600 S DOUGLAS ROAD, SUITE 913
Address: CORAL GABLES, FL 33134

Director: _____
Address: _____

B. OFFICERS

President: DIEGO L RESTREPO
2600 S DOUGLAS ROAD, SUITE 913
Address: CORAL GABLES, FL 33134

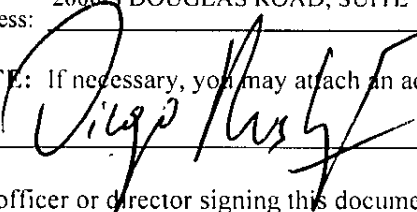
Vice President: TANIA M. GOMEZ-RESTREPO
2600 S DOUGLAS ROAD, SUITE 913
Address: CORAL GABLES, FL 33134

Secretary: MARIANA SANCHEZ PEREZ
2600 S DOUGLAS ROAD, SUITE 913, CORAL GABLES, FL 33134
Address: _____

Treasurer: MARIANA SANCHEZ PEREZ
2600 S DOUGLAS ROAD, SUITE 913, CORAL GABLES, FL 33134
Address: _____

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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. DIEGO L. RESTREPO, PRESIDENT
(Typed or printed name and capacity of person signing application)

STATE OF WYOMING
Office of the Secretary of State

I, ED MURRAY, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Nueva Valencia S.A.

is a

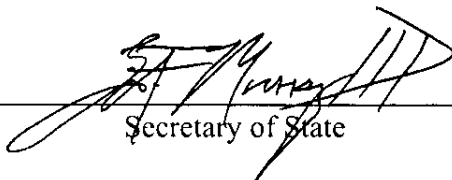
Profit Corporation

formed or qualified under the laws of Wyoming did on **May 17, 2016**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2016-000714873**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 8th day of June, 2016 at 7:10 AM. This certificate is assigned 020334829.




Secretary of State