# F1600000000000116

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
<u></u>	WAIT	<u> </u>			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					

Office Use Only



800286686328

06/14/16--01068--011 \*\*70.00

THE LANGE OF STATE AND THE PROPERTY OF STATE

S Warren JUN 1 6 2016

## DIEGO L. RESTREPO, P.A. 3

#### ATTORNEYS AT LAW

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

2600 So. Douglas Road, Suite 913

Coral Gables, Florida 33134 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,

Mariana Sanchez Perez

## **COVER LETTER**

	gistration Section vision of Corporation	ns			
SUBJECT	NUEVA VALEN				
SUBJECT	· ·	Name of corpora	tion - mus	include suffix	<del></del>
Dear Sir or	Madam:				
"Certificate		Certificate of Good	Standing"	and check are sub	ct Business in Florida," omitted to register the
	rn all correspondenc RESTREPO, ESQ.	e concerning this ma	atter to the	following:	
		Name	of Person		
DIEGO L. F	RESTREPO P.A.				
			Company	•	
2600 S DOI	JGLAS ROAD, SUIT	E 913			
CORAL GA	ABLES, FL 33134	Α	ddress		
		City/Sta	te and Zip	code	
diego@restr	epolaw.com				
	E-ma	il address: (to be us	ed for futi	ire annual report	notification)
For further	information concerr	ing this matter, plea	ise call:		
Mariana Sar	nchez Perez	305 at (	)	7-9430	
Na	ime of Person	Area (	Code	Daytime Telep	hone Number
Reg Div Cli 266 Tal	REET/COURIER Agistration Section vision of Corporation from Building 1 Executive Center lahassee, FL 32301 a check for the follows:	s Circle	·	MAILING A Registration S Division of Co P.O. Box 632' Tallahassee, F	ection orporations 7
<b>=</b> \$70.00 I	Filing Fee 🗖 \$7	8.75 Filing Fee & ertificate of Status		75 Filing Fee & fied Copy	S87.50 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. NUEVA VALENCIA SA, 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) WYOMING 81-2660629 (State or country under the law of which it is incorporated) (FEI number, if applicable) MAY 17, 2016 (Date of duration, if other than perpetual) (Date of incorporation) 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) 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) INTERNATIONAL CORPORATE SERVICE, Name: 2600 S DOUGLAS ROAD, SUITE 913 Office Address: CORAL GABLES 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. In further agree to comply with the proxisions 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.

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. DIR	ECTORS DIEGO L RESTREPO	
Chairman	2600 S DOUGLAS ROAD, SUITE 913	
Address:		
	CORAL GABLES, FL 33134	
Vice Cha	TANIA M. GOMEZ-RESTREPO	
Address:	2600 S DOUGLAS ROAD, SUITE 913	
	CORAL GABLES, FL 33134	
Director:	MARIANA SANCHEZ PEREZ	
Address:	2600 S DOUGLAS ROAD, SUITE 913	
	CORAL GABLES, FL 33134	
Director:		
Address:		
		720
B. OFF	ICERS	
President	DIEGO L RESTREPO	22 T
Address:	2600 S DOUGLAS ROAD, SUITE 913	Te o H
	CORAL GABLES, FL 33134	LORAL STAIL
Vice Pres	TANIA M. GOMEZ-RESTREPO	DA S
Address:	2600 S DOUGLAS ROAD, SUITE 913	
radicos.	CORAL GABLES, FL 33134	
Secretary:	MARIANA SANCHEZ PEREZ	
Address:	2600 S DOUGLAS ROAD, SUITE 913, CORAL GABLES, FL 33134	
Treasurer	MARIANA SANCHEZ PEREZ	
Address:	2600-S DOUGLAS ROAD, SUITE 913, CORAL GABLES, FL 33134	
NOTE:	If necessary, you may attach in addendum to the application listing add	itional officers and/or directors.
The office	Signature of Director or Officer error director signing this document (and who is listed in number 11 about	ove) affirms that the facts stated herein
are true a	and that he or she is aware that false information submitted in a documen	nt to the Department of State constitutes
DIF	egree felony as provided for in s.817.155, F.S. GO L. RESTREPO, PRESIDENT	
13.	(Typed or printed name and capacity of person signing a	pplication)

## 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

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.