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(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

## COVER LETTER

**TO:** Registration Section  
Division of Corporations  
FABRICA DE HIELO GOTARDO MAX C.A. 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:  
RUBEN D. TORO

_____	Name of Person
RUBEN TORO P.A.	
_____	Firm/Company
7901 KINGSPONTE PKWY STE. 31	
_____	Address
ORLANDO FL 32819	
_____	City/State and Zip code
rubencpa@bellsouth.net	
_____	E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RUBEN D. TORO	407	370-6445
_____	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.*

FABRICA DE HIELO GOTARDO MAX, C.A. 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)  
01/27/2016

4. \_\_\_\_\_ 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)  
08/01/2016

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  
3107 TOCOA CIR. KISSIMMEE FL 34746

7. \_\_\_\_\_  
(Principal office address)  
SAME

\_\_\_\_\_  
(Current mailing address, if different)

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

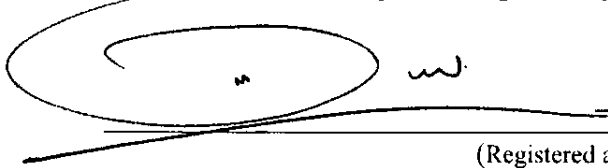
Name: \_\_\_\_\_  
MAXIMO ZAMBRANO  
8089 CHILTON DR.

Office Address: \_\_\_\_\_  
ORLANDO FL 32836  
\_\_\_\_\_, 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**

MAXIMO ZAMBRANO

Chairman:

8089 CHILTON DR.

Address:

ORLANDO FL 32836

OMIRA COVA DE ZAMBRANO

Vice Chairman:

8089 CHILTON DR.

Address:

ORLANDO FL 32836

Director:

Address:

Director:

Address:

**B. OFFICERS**

MAXIMO ZAMBRANO

President:

8089 CHILTON DR.

Address:

ORLANDO FL 32836

Vice President:

Address:

OMIRA COVA DE ZAMBRANO

Secretary:

8089 CHILTON DR., ORLANDO FL 32836

Address:

MAXIMO ZAMBRANO

Treasurer:

8089 CHILTON DR., ORLANDO FL 32836

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.

Maximo Zambrano

13.

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

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REPÚBLICA BOLIVARIANA DE VENEZUELA  
ALCALDÍA DEL MUNICIPIO FRANCISCO LINARES ALCÁNTARA  
DIRECCIÓN DE HACIENDA  
SANTA RITA - ESTADO ARAGUA



LICENCIA R 00050

**SOBRE ACTIVIDADES ECONÓMICAS DE INDUSTRIA,  
COMERCIO, SERVICIO O DE INDOLE SIMILAR**

(FIJESE EN SITIO VISIBLE A LOS EFECTOS DE FISCALIZACIÓN)

**CONCEDIDA A:**

Firma Personal o Razón Social: FABRICA DE HIELO GOTARDO MAX, C.A.

J-308513679

Denominación Comercial: FABRICA DE HIELO GOTARDO MAX, C.A.

Representante Legal: LUIS CONTRERAS

V-3.996.055

Cédula:

Dirección de la Empresa: AVENIDA VENEZUELA ENTRE PASAJE BOLIVAR Y CALLE N° 124 SECTOR JOSE  
PAEZ: SANTA RITA.

**CODIGO**

11313

**PARA EJERCER LAS ACTIVIDADES  
FABRICACIÓN DE HIELO (EXCEPTO EL SECO).**

NO VALIDA PARA REALIZAR OPERACIONES DISTINTA A LA AQUI SEÑALADA

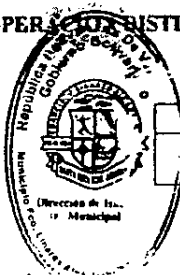
**FECHA DE EXPEDICIÓN**

DIA	MES	AÑO
09	07	2016

**FECHA DE VENCIMIENTO**

DIA	MES	AÑO
09	07	2017

FECHA DE ELABORACION: 30/05/2016 WC



LCDO. DARWIN BALCAZAR

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

BOLIVARIAN REPUBLIC OF VENEZUELA  
MUNICIPALITY Francisco Linares Alcántara  
SECTION OF THE TREASURY  
SANTA RITA -ESTADO ARAGUA

LICENSE R 00050

REGARDING ECONOMIC ACTIVITIES OF INDUSTRY, TRADE, SERVICES OR SIMILAR NATURE

**GRANTED TO:**

COROPRATE: FABRICA DE HIELO GOTARDO MAX, C.A.  
J-308513679

COMERCIAL DESIGNATION: FABRICA DE HIELO GOTARDO MAX, C.A.

LEGAL REPRESENTATIVE: LUIS CONTRERAS

I.D.: V-3—996-055

COPORATE ADDRESS: AVENIDA VENEZUELA BETWEEN PASAJE BOLIVAR AND 124 STREET JOSE  
ANTONIO PAEZ SECTOR, SANTA RITA.

CODE

11213

ACTIVITIES TO PRACTICE

ICE MAKING

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NOT VALID FOR OPERATIONS TO MAKE DIFFERENT HERE INDICATED

**EXPEDITION DATE**

DAY	MONTH	YEAR
09	07	2016

**EXPIRATION DATE**

DAY	MONTH	YEAR
09	07	2017

ELABORATED DATE: 30/05/2016

LCDO. DARWIN BALCAZAR

This is a true translation of a document written in Spanish

Signature: 

Date: 08/10/2016

# ALCALDIA DEL MUNICIPIO

República Bolivariana de Venezuela  
Alcaldía del Municipio Francisco Linares Alcántara



Santa Rita - Estado Aragua  
**Dirección de Hacienda**

## CERTIFICADO DE SOLVENCIA

020437

FABRICA DE HIELO GOTARDO MAY C.A.

REPRESENTANTE LEGAL: LUIS ALFREDO GONZALEZ ESPINEL

IDENTIFICACION: 3828613672 PERSONA: NATURAL JURATICA

ACTIVIDAD: INDUSTRIA DE LA ALIMENTACION

Exoneración de pago: excepto el pago

FECHA DE EMISION: 16/08/2017

UBICACION: CARRETERA NACIONAL N° 1, KM 14,5, SECTOR 1036  
MUNICIPIO SANTA RITA, ESTADO ARAGUA

DECLARACION DE LA AUTORIDAD SOLVENCIA

DECLARACION DE INGRESOS BRUTOS

RECEPCION DE LA DECLARACION SOLVENCIA



**¡Por un Linares Bonito!**

**VALIDO SIN ENMIENDA**

ORIGINAL - CONTRIBUYENTE

FRANCISCO LINARES ALCAÑTARA

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Bolivarian Republic of Venezuela

Mayoralty Francisco Linares Alcántara

**CERTIFICATE SOLVENCY**

N 020437

EXPEDITION DATE 01/27/2016

EXPIRATION DATE 12/31/2016

LIQUIDATION#76130 ELAB.05/30/2016

REGISTRATION# 20616

**SANTA RITA –ESTADO ARAGUA  
SECTION OF THE TREASURY**

GRANTED TO : **FABRICA DE HIELO GOTARDO MAX, C.A.**

LEGAL REPRESENTATIVE: LUIS ALFREDO CONTRERAS CORONEL

I.D.# J-308513679 CORPORATE

LICENSE # R 00050 CORPORATE ACTIVITY: ICE MAKING

ACTIVITY CODE : 11213

ADDRESS: AVENIDA VENEZUELA BETWEEN PASAJE BOLIVAR AND 124 STREET JOSE ANTONIO DIAZ  
SECTOR, SANTA RITA

PURPOSE OF THIS CERTIFICATE: ONLY TO DECLARE GROSS INCOME

NOT VALID FOR OPERATIONS TO MAKE DIFFERENT HERE INDICATED

LCDO. DARWIN BALTAZAR  
DIRECTOR TREASURY

This is a true translation of a document written in Spanish

Signature: 

Date: 08/10/2016

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