

F160000004996

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

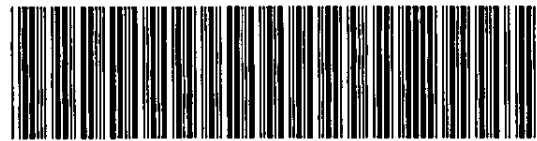
(Document Number)

Certified Copies _____ Certificates of Status _____

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10/21/16--01017--023 **70.00

FILED
16 NOV -7 AM 11:30
DIVISION OF CORPORATIONS

O SIMMONS
NOV 08 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 25, 2016

GUSTAVO ERNESTO MENDIRI BORGES
7791 NW 46TH ST STE, 206
DORAL, FL 33196

SUBJECT: INVERSIONES LAZAR, C.A.
Ref. Number: W16000072648

RECEIVED
2016 NOV -7 PM 4:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for INVERSIONES LAZAR, C.A. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons
Regulatory Specialist II
Registration Section

Letter Number: 016A00022934

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INVERSIONES LAZAR, C.A

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:
GUSTAVO ERNESTO MENDIRI BORGES

Name of Person
INVERSIONES LAZAR, C.A

Firm/Company
7791 NW 46TH ST SUITE 206

Address
DORAL, FL 33196

City/State and Zip code
ADRIANA@ACMMCONSULTING.COM

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

For further information concerning this matter, please call:

ADRIANA MARQUEZ 786 420-2541

Name of Person at () 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.*

INVERSIONES LAZAR, 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)

07/03/2015

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)

7791 NW 46TH ST SUITE 206 DORAL, FL 33166

7. _____
(Principal office address)

7791 NW 46TH ST SUITE 206 DORAL, FL 33166

(Current mailing address, if different)

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

Name: ADRIANA MARQUEZ

Office Address: 7791 NW 46 ST SUITE 206

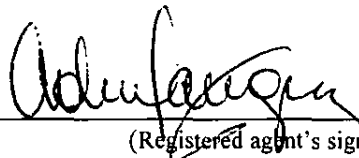
DORAL, Florida 33166
(City) (Zip code)

16 NOV -7 AM 11:30
DIVISION OF CORPORATIONS

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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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: GUSTAVO ERNESTO MENDIRI BORGES

Address: 7791 NW 46TH ST SUITE 206 DORAL, FL 33166

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. GUSTAVO ERNESTO MENDIRI BORGES, PRESIDENT

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

FILED
16 NOV -7 AM 11:30
DIVISION OF CORPORATIONS

SEAL STAMP

BOLIVARIAN REPUBLIC OF VENEZUELA

*****Ministry of Popular Power for Interior Relations and Justice*****

**AUTONOMOUS SERVICE OF REGISTRIES AND
NOTARIES
COMMERCIAL REGISTRY FOURTH OF THE
DISTRICT CAPITAL**

RM No. 224
206 & 157

The undersigned:

CERTIFIES

That has presented the **Photo Static Certified Copy** constant of **twenty (20)** folio (s), which are reproduced below, and that it is a true and accurate transfer registered Document under the Number:

3- SALE OF SHARES IN TRADING COMPANY, TAKE 283-A COMMERCIAL REGISTRY V (COD. 224)., DATED: 09/18/2015.-

Corresponding to the company: **INVERSIONES LAZAR , C.A.**

Embedded with the File number: **538843.**

Dated: **LIBERATOR MUNICIPALITY, 24 OF AUGUST OF THE YEAR TWO THOUSAND AND SIXTEEN.**

CERTIFIES, that this **Photo Static Certified Copy** has been made in this office by the official: **YUMARY MEZA MONTOYA**

With identity number: **V-11.032.080.**

Authorized individual and who undersigned each of the pages of the presented certification.

Signature
Commercial Registrar V
Lawyer ZACHENCKA LOPEZ MARCANO
Stamp


Affidavit of Translation

STATE OF Florida
COUNTY OF Miami Dade

I, Maria Vera am fluent in English and Spanish. I hereby certify that I have translated/verified the following document(s) which is/are attached to this Affidavit:

CERTIFICA

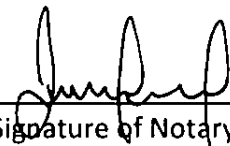
I further certify that, to the best of my knowledge, the attached document(s) in English is/are true and accurate translation of the attached document(s) in Spanish.



(Signature of Translator/Verifier)

Maria Vera
(Print Name)

Subscribed to and sworn before me this 17th day of
October, 2016, by MARIA VERA.



(Signature of Notary Public - State of Florida)



(Print, type or stamp commissioned name of Notary Public)

Personally known _____ or produced identification FLID -

Type of identification produced:

Drivers License



REPÚBLICA BOLIVARIANA DE VENEZUELA

*** MINISTERIO DEL PODER POPULAR PARA RELACIONES INTERIORES Y JUSTICIA ***

ED. MIRANDA
CANTIL V

SERVICIO AUTÓNOMO DE REGISTROS Y
NOTARÍAS.
REGISTRO MERCANTIL QUINTO DEL
DISTRITO CAPITAL

RM No. 224
206° y 157°

Quien suscribe:

C E R T I F I C A

Que se ha confrontado la **Copia Certificada Fotostática** constante de **veinte (20)** folio(s),
que a continuación se reproducen, y que es traslado fiel y exacto del Documento inscrito
bajo el Número:

3 - VENTA DE ACCIONES DE EMPRESA MERCANTIL, TOMO 283-A REGISTRO
MERCANTIL V (CÓD. 224), DE FECHA: 18/09/2015.-

CORRESPONDIENTE A LA EMPRESA: **INVERSIONES LAZAR, C.A.**

Que se encuentran insertos al Expediente N°: **538843**.

Con fecha: **MUNICIPIO LIBERTADOR, 24 DE AGOSTO DEL AÑO DOS MIL DIECISÉIS.**

CERTIFICA, igualmente que esta **Copia Certificada Fotostática** ha sido elaborada en
esta oficina por el funcionario: **YUMARY MEZA MONTOYA**.

Con Cédula de Identidad N°: **V-11.032.080**.

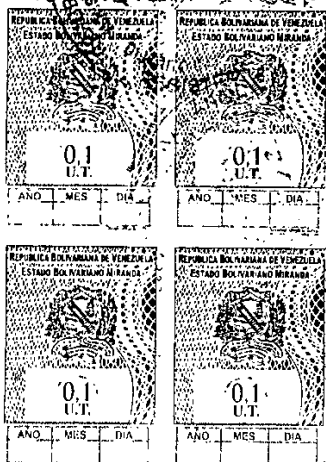
Persona autorizada por mí para hacerla y quien suscribe cada una de las páginas de la
presente certificación.

ED. MIRANDA
CANTIL V

ED. MIRANDA
CANTIL V



Registrador Mercantil V
Abogado **ZACHENCKA LÓPEZ MARCANO**



Fecha de Emisión: 11/09/2015

Número de Trámite: 224 2015 3.10057

La PUB desde su emisión tiene una vigencia de treinta(30) días continuos para ser cancelada, una vez efectuada la cancelación respectiva, tiene una vigencia de sesenta (60) días no prorrogables para presentar el documento. Agotados dichos lapsos la PUB es nula y deberá emitirse una nueva PUB para realizar el trámite, debiendo cancelarse nuevamente el monto correspondiente.



MINISTERIO DEL PODER POPULAR PARA LAS RELACIONES INTERIORES Y JUSTICIA.
REPUBLICA BOLIVARIANA DE VENEZUELA.
SERVICIO AUTÓNOMO DE REGISTROS Y NOTARIAS.

PLANILLA ÚNICA BANCARIA

Número Planilla: 22400255242



Tipo de Acto: VENTA DE ACCIONES DE EMPRESA MERCANTIL ()

Número Control: 533-2615-0760 ()

Nombre y Apellido del Solicitante	Forma de Pago	Nro. Cheque/Aprobación	Monto (BsF)
DIANA ERIKA HERNANDEZ FUJIMAYOR			
CURIF/Pasaporte del Solicitante	Monto Efectivo		
Nombre y Apellido del Depositante	Cheque Gerencial/ del mismo Banco		
DIANA HERNANDEZ			
CURIF/Pasaporte del Depositante	Punto de Venta		
V-6.557100			
Firma del Depositante	Pago por Internet		
MONTO EN LETRAS: TRES MIL CUATROCIENTOS CINCUENTA BOLIVARES CON CERO CÉNTIMOS			MONTO TOTAL 3.450,00

SOLO PARA USO DEL SAREN

FUNCIONARIO EMISOR	FUNCIONARIO RECEPTOR	FUNCIONARIO REVISOR	REGISTRADOR/NOTARIO
Nombre y Apellido			
Código de Identificación			
Firma			

Sello de la Oficina

Bancos Recaudadores

Sello y Firma del Banco

- 0003 - Banco Industrial de Venezuela
- 0175 - Banco Bicentenario
- 0102 - Banco de Venezuela
- 0108 - Banco Provincial
- 0163 - Banco del Tesoro

