

A7000002454

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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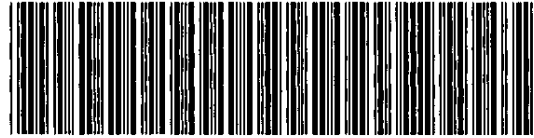
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

D. SCOTT

JUN 1 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A. COMPANY, 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:

ALAA AL ATRACH

Name of Person

A. COMPANY, C.A.

Firm/Company

229 N. CATTLEMAN ROAD UNIT 65

Address

SARASOTA, FL 33603

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

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

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TALLAHASSEE, FLORIDA

**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.*

A. COMPANY, 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)

4. 07/02/2009 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)

229 N. CATTLEMAN ROAD UNIT 65 SARASOTA, FLORIDA 33603
7. _____
(Principal office address)

229 N. CATTLEMAN ROAD UNIT 65 SARASOTA, FLORIDA 33603

(Current mailing address, if different)

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

Name: AMER SWAB SOUAB

Office Address: 1833 E 7th Ave

Ybor _____, Florida 33605
(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.

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11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: ALAA AL ATRACH

Address: 229 N. CATTLEMAN ROAD UNIT 65 SARASOTA, FLORIDA 33603

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. ALAA AL ATRACH 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. ALAA AL ATRACH, PRESIDENT

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

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SECRETARY OF STATE

SEAL STAMP

BOLIVARIAN REPUBLIC OF VENEZUELA

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

**AUTONOMOUS SERVICE OF REGISTRIES AND
NOTARIES
FIRST COMMERCIAL REGISTRY OF THE
STATE OF ARAGUA**

RM No. 283
207 & 158

The undersigned:

CERTIFIES

That has presented the **Photo Static Certified Copy** constant of **one hundred twenty (120)** folio (s), which are reproduced below, and that it is a true and accurate transfer registered Document under the Number:

42- ALL THE FILE, TAKE 42-A-2009 FIRST COMMERCIAL REGISTRY OF THE STATE OF ARAGUA, DATED: 07/02/2009.-

CORRESPONDING TO THE COMPANY: **A. COMPANY , C.A.**

Embedded with the File number: **70782.**

Dated: **GIRARDOT MUNICIPALITY, 12 OF MAY OF THE YEAR TWO THOUSAND SEVENTEEN.**

CERTIFIES, that this **Photo Static Certified Copy** has been made in this office by the official: **MARIA FILOMENA CEBALLO AGUILAR.**

With Identity Card number: **V-9.874.851.**

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

Signature

FIRST COMMERCIAL REGISTRAR

Lawyer **RAFAEL VICENTE VIVAS QUILELLI**
Stamp

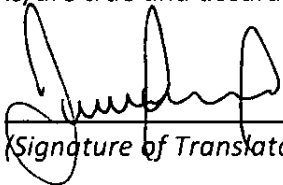
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TALLAHASSEE, FLORIDA

Affidavit of Translation

STATE OF Florida
COUNTY OF Miami Dade

I, Jessica Infante 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

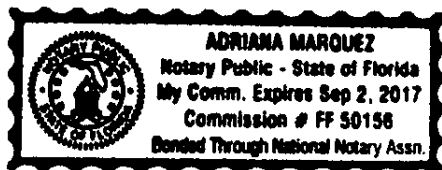
I further certify that, to the best of my knowledge, the attached document(s) in English is/are true and accurate translation of the attached document(s) in Spanish.


(Signature of Translator/Verifier)

Jessica Infante
(Print Name)

Subscribed to and sworn before me this 24 day of
MAY, 2017, by JESSICA INFANTE


(Signature of Notary Public - State of Florida)



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

Personally known ✓ or produced identification _____
Type of identification produced: _____

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TALLAHASSEE, FLORIDA



REPÚBLICA BOLIVARIANA DE VENEZUELA

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

SERVICIO AUTÓNOMO DE REGISTROS Y
NOTARÍAS.
REGISTRO MERCANTIL PRIMERO DEL
ESTADO ARAGUA

RM No. 283
207° y 158°

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TALLAHASSEE, FLORIDA

Quien suscribe:

C E R T I F I C A

Que se ha confrontado la **Copia Certificada Fotostática** constante de **ciento veinte (120)** folio(s), que a continuación se reproducen, y que es traslado fiel y exacto del Documento inscrito bajo el Número:

42 - TODO EL EXPEDIENTE, TOMO 42-A-2009 REGISTRO MERCANTIL PRIMERO DEL ESTADO ARAGUA., DE FECHA: 02/07/2009.-

CORRESPONDIENTE A LA EMPRESA: **A. COMPANY, C.A.**

Que se encuentran insertos al Expediente N° **70782**.

Con fecha: **MUNICIPIO GIRARDOT, 12 DE MAYO DEL AÑO DOS MIL DIECISIETE.**

CERTIFICA, igualmente que esta **Copia Certificada Fotostática** ha sido elaborada en esta oficina por el funcionario: **MARIA FILOMENA CEBALLO AGUILAR.**

Con Cédula de Identidad N°: **V-9.874.854**

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



Registrador Mercantil Primero
Abg. RAFAEL VICENTE VIVAS QUILELLI



SERVICIO AUTÓNOMO
DE REGISTROS
Y NOTARÍAS
MINISTERIO DEL PODER POPULAR
PARA RELACIONES INTERIORES Y JUSTICIA