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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

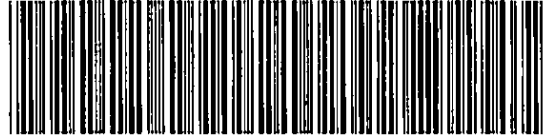
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TRACTO-CENTER.C.A CO

\_\_\_\_\_  
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:

Pedro J. Valdes,EA.

\_\_\_\_\_  
Name of Person

Valdes Accounting & Taxes Inc.

\_\_\_\_\_  
Firm/Company

9010 SW 137th Ave. Ste 114

\_\_\_\_\_  
Address

Miami, FL 33186

\_\_\_\_\_  
City/State and Zip code

valdesaccounting@gmail.com

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

For further information concerning this matter, please call:

Pedro J. Valdes,EA.

305 227-2727  
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. TRACTO-CENTER.C.A CO  
(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. VENEZUELA 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. February 10, 2005 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)
7. 5960 NW 99TH AVE, UNIT 2, DORAL, FL 33178-2712  
(Principal office address)
- \_\_\_\_\_ (Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: CARLOS JAVIER BERMUDEZ  
ORDOSGOITE
- Office Address: 11825 SW 154TH CT  
MIAMI , Florida 33196-6875  
(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.

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

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**B. OFFICERS**

President: CARLOS JAVIER BERMUDEZ ORDOSGOITE

Address: 11825 SW 154TH CT

Miami, FL 33196-6875

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. CARLOS JAVIER BERMUDEZ ORDOSGOITE, President.

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



## REPÚBLICA BOLIVARIANA DE VENEZUELA

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

SERVICIO AUTÓMO DE REGISTRO Y  
NOTARIAS.  
REGISTRO MERCANTIL PRIMERO DEL  
ESTADO BOLIVAR

### CERTIFICADO DE REGISTRO

Por medio de la presente certificamos que la empresa **TRACTO-CENTER, C.A** Inscrita en el tomo 5-A PRO. Numero 54, año 2015, bajo la directiva de **CARLOS BERMUDEZ, C.I V-10.929.068** y **JACKELINE ORDOSGOITE C.I V-8.179.363**, Dirección Fiscal: **ZONA INDUSTRIAL LOS PINOS MZ 24, PARCELA 07, LOCAL NRO. 03, PUERTO ORDAZ – ESTADO BOLIVAR**, telefonos de contactos: **0286-9948874 – 0414-8664310 – 0414-8672189**, Email: **tracto-center.com**, RIF: **J-31283926-0**, SE ENCUENTRA ACTIVA Y 100 % OPERATIVA EN TODAS SU ACTIVIADES ADMINISTRATIVA Y COMERCIALES.

Solicitud que se expide a los 04 días del mes de diciembre del 2017

  
REGISTRADOR(A) MERCANTIL  
ABOGADA REMILET JOSEFINA SALAZAR CARRILLO

**BOLIVARIAN REPUBLIC OF VENEZUELA**  
**Ministry of Popular Power for Interior Relations and Justice**

Autonomous Service of Registry and Notaries  
Mercantile Registry First of the State of Bolivar

**CERTIFICATE OF REGISTRY**

Hereby certify that company **TRACTO-CENTER,C.A.** registered in Tomo 5-A PRO, Number 54, Year 2015, under the directive the **CARLOS BERMUDEZ**, C.I. V-10.929.068 and **JACKELINE --- ORDOSGOITE**, C.I. V-8.179.363, Tax address : Zona Industrial Los Pinos MZ 24, Parcela 07, -- Local No 03, Puerto Ordaz – State of Bolivar, telephones 0286-9948874, 0414-8664310 and 0414-8672189. E-mail : [tractocenter71@gmail.com](mailto:tractocenter71@gmail.com), RIF : J-31283926-0, IT IS ACTIVE and 100 Percent OPERATIONAL IN ALL ADMINISTRATIVE AND COMMERCIAL ACTIVITIES.

Expedition date, December 04, 2017

Registry Mercantile  
Lawyer  
Josefina Salazar Carrillo

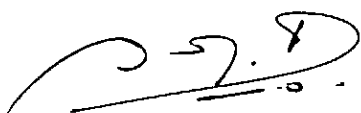
Signature and Seal Illegible

STATE OF FLORIDA  
COUNTY OF MIAMI-DADE

Before me this day personally appeared ANGEL D. CASAS, who , being duly sworn, deposes and says:

I am fluent in both language Spanish and English .

I Certify that I have accurately translated the attached document, Certificate of Registry of company TRACTO-CENTER,C.A., from Spanish into English.-----



ANGEL D. CASAS  
KSA PROFESSIONAL SERVICES,CORP.  
9010 SW 137 AVE, Suite 112  
Miami, FL-33186

Sworn to and subscribed before me this 05 day of January, 2018, by Angel D. Casas.-----

Personally known ✓

NOTARY PUBLIC



PEDRO J. VALDES  
MY COMMISSION # FF 157350  
EXPIRES: September 17, 2018  
Bonded Thru Budget Notary Service