

F18000004089

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Ana **GAVE**

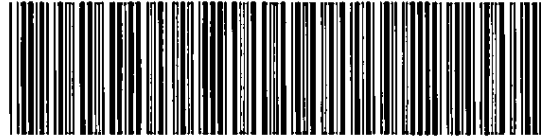
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2018 AUG 27 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N CULLIGAN

SEP 6 2018

COVER LETTER

TO: Registration Section
Division of Corporations
VENEZOLANA DE SABORES AJR 21, CA

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:
JOSE J. VIEIRA

Name of Person
VENEZOLANA DE SABORES AJR 21, CA

Firm/Company
888 BISCAYNE BLVD. UNIT 8209

Address
MIAMI, FL 33132

City/State and Zip code
ANA@CERVETTALAPHAM.COM

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

For further information concerning this matter, please call:

ANA CERVETTA-LAPHAM 305 275-3244

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.*

VENEZOLANA DE SABORES AJR 21, CA 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)
VENEZUELA

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
01/01/2011

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
08/24/2018

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
CALLE LA LINEA CON CALLE CUBA, GALPON 01 ANA REINA, TURUMO ESTADO MIRANDA, VENEZUELA

7. _____
(Principal office address)
888 BISCAYNE BLVD, UNIT 2809, MIAMI, FL 33132

(Current mailing address, if different)

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

ANA CERVETTA-LAPHAM

Name: _____

6401 SW 87 AVE, STE 104

Office Address: _____

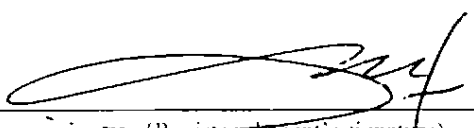
MIAMI

33143

_____, Florida _____
(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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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

JOSE J. VIEIRA

President: _____

888 BISCAYNE BLVD. UNIT 2809

Address: _____

MIAMI, FL 33132

LINO CERVETTI

Vice President: _____

8343 LAKE DRIVE, UNIT 104

Address: _____

DORAL, FL 33166

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.

JOSE J. VIEIRA

13. _____

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

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2018 AUG 27 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FL 32301



BOLIVARIAN REPUBLIC OF VENEZUELA
MINISTRY OF POPULAR POWER FOR THE SOCIAL WORK PROCESS
VENEZUELAN INSTITUTE OF SOCIAL SECURITY
PRESIDENCY

ELECTRONIC CERTIFICATE OF FINANCIAL STANDING

The Venezuelan Institute of Social Security (IVSS), certify that the employer (a) VENEZOLANA DE SABORES A.J.R.,21 C A registered (a) under the employer number 081210022, whose Registration of Fiscal Information (R.I.F.) J310600732, represented by the citizen (a) JOSEJORGE VIEIRA DA SILVA, holder of the Identity Card No. V-12069465, is in

GOOD STANDING

Certificate issued at request of the interested party in the city of Caracas on the 28th day of the month of August 2018, in accordance with the provisions of the Eighth Final Provision of the Social Security Law, published in Official Gazette No. 39,912, Decree 8.921 dated April 30, 2012.

This certificate will be valid until September 2, 2018.

Magaly Gutierrez Viña, Attorn.

President of the IVSS Board of Directors

Official Gazette of the Bolivarian Republic of Venezuela

No. 41420 dated June 15, 2018

The validity of this electronic Solvency Certificate can be verified through the web portal of I.V.S.S. (www.ivss.gob.ve) with the verification code No. 290a894993-201532





REPÚBLICA BOLIVARIANA DE VENEZUELA
MINISTERIO DEL PODER POPULAR PARA EL PROCESO SOCIAL DEL TRABAJO
INSTITUTO VENEZOLANO DE LOS SEGUROS SOCIALES
PRESIDENCIA

CERTIFICADO ELECTRÓNICO DE SOLVENCIA

El Instituto Venezolano de los Seguros Sociales (I.V.S.S.), hace constar que el (la) empleador (a) VENEZOLANA DE SABORES A.J.R,21 C A inscrito (a) bajo el número patronal 081210022, cuyo Registro de Información Fiscal (R.I.F.) J310600732, representado por el (la) ciudadano (a) JOSEJORGE VIEIRA DA SILVA, titular de la Cédula de Identidad N° V-12069465, se encuentra:

SOLVENTE

Certificado que se expide a petición de la parte interesada en la ciudad de Caracas a los 28 días del mes de Agosto de 2018, de acuerdo a lo establecido en la Octava Disposición Final de la Ley del Seguro Social, publicada en Gaceta Oficial N° 39.912, Decreto 8.921 de fecha 30 de Abril de 2012.

El presente certificado tendrá vigencia hasta el 2 de Septiembre de 2018.

Abog. Magaly Gutierrez Viña

Presidenta de la Junta Directiva del IVSS

Gaceta Oficial de la República Bolivariana de Venezuela

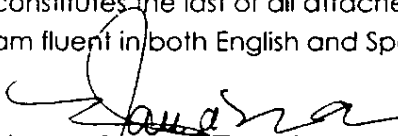
N° 41.420 de fecha 15 de junio de 2018

La validez de este certificado electrónico de solvencia, puede comprobarse a través del portal web del I.V.S.S. (www.ivss.gob.ve) con el código de verificación N° 290-a894993-201533.

Felicia Artilles
Notary Public
200 S.E. 1st. Street, Suite 604
Miami, FL 33131
Email: advancetranslating@gmail.com
Phone: 305 377-0018

Statement of Accuracy

This is to certify that the attached translation is, to the best of my knowledge, a true and accurate rendition in ENGLISH of the following document **ELECTRONIC CERTIFICATE OF FINANCIAL STANDING OF VENEZOLANA DE SABORES A.J.R.,21** written in SPANISH and comprised of ONE (1) page (s) and further certify that this page constitutes the last of all attached pages. Also certify I am fluent in both English and Spanish.


Norma Arana - Translator

While every effort has been made to guarantee the quality and accuracy of the attached translation, this office and/or its staff members/translators are not liable for any inconvenience/conflict arising as a result of any omissions, misinterpretation or other error in the translation.

STATE OF FLORIDA]
] ss
COUNTY OF MIAMI-DADE]

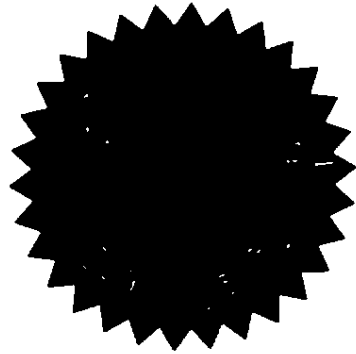
The foregoing instrument was acknowledged before me, this 24TH day of the month of August of 2018, by Norma Arana. She is known to me personally.


Felicia Artilles
Notary Public.



FELICIA ARTILLES
Notary Public, State of Florida
My Comm. Expires November 07, 2019
Commission No. FF 247558

//seal//



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