

F18000004341

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

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

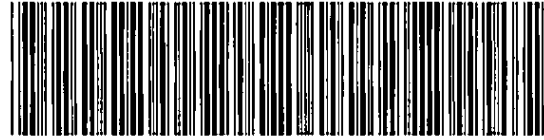
Special Instructions to Filing Officer:

Pursuant to conversation w/ Isabel on 9/2/18. Attached Certificate is equivalent to cert. of good standing in <sup>out</sup> Venezuela.



Office Use Only

9/2/18



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09/05/18--01021--003 \*\*78.75

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18 SEP -5 PM 4:30  
FEDERAL CLERK STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MULTISERVICIOS GROUP 2014 C.A. CORP  
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:

ISABEL MARTINEZ  
Name of Person  
CHARM CONSULTING LLC  
Firm/Company  
1825 MAIN STREET  
Address  
WESTON FLORIDA 33326  
City/State and Zip code  
imartinez@charmrealty.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ISABEL MARTINEZ at (754) 234-3393  
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. MULTISERVICIOS GROUP 2014 C.A. CORP

(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. ANZOATEGUI VENEZUELA 3. NONE
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. APRIL 12, 2018 5. YEAR 2038 ( 20 YEARS)
(Date of incorporation) (Date of duration, if other than perpetual)

6. N/A
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. ANZOATEGUI, VENEZUELA
(AVENIDA COSTANERA CON CALLE 2, MARIANA RIO. TORREC PSO 5 APT3. BARCELONA, ESTADO ANZOATEGUI, VENEZUELA)
(Principal office address)
(AVENIDA COSTANERA CON CALLE 2, MARIANA RIO. TORREC PSO 5 APT3. BARCELONA, ESTADO ANZOATEGUI, VENEZUELA)
(Current mailing address, if different)

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

Name: CHARM CONSULTING LLC

Office Address: 1825 MAIN STREET

WESTON, Florida 33326
(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.

[Handwritten signature]

(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: MARIAN ELAINE FERNANDEZ GRATEROL

Address: MAILING ADDRESS 1825 MAIN STRET

WESTON, FLORIDA 33326

Vice Chairman: JOHHAN MARIO OSPINA RIOS

Address: MAILING ADDRESS 1825 MAIN STRET

WESTON, FLORIDA 33326

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

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

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

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

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**B. OFFICERS**

President: MARIAN ELAINE FERNANDEZ GRATEROL

Address: MAILING ADDRESS 1825 MAIN STRET

WESTON, FLORIDA 33326

Vice President: JOHHAN MARIO OSPINA RIOS

Address: MAILING ADDRESS 1825 MAIN STRET

WESTON, FLORIDA 33326

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. JOHHAN MARIO OSPINA RIOS, PRESIDENT

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

## *Certificate of Translation*

Before me on this day personally appeared Brunella Bellemo a member of the American Association of Translators (ATA), No. 242154, who being duly sworn deposes and says:

I am fluent in both English and Spanish.

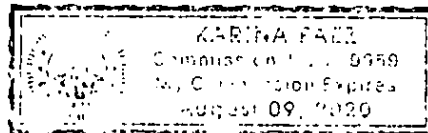
I certify that I have accurately translated the attached document(s) from Spanish into English.

  
Brunella Bellemo

State of Florida        }  
County of Broward    }

Sworn to and subscribed before me this *28* Day of *August* 2018 by Brunella Bellemo who is personally known

  
*Notary Public*





VOUCHER No. 201807J0000037516948

**UNIQUE TAX INFORMATION REGISTER (RIF)**

<b>J411357604</b> MULTISERVICIOS GROUP 2014, C.A.	<b>REGISTRATION DATE:</b>	05//07/2018
	<b>LAST UPDATE DATE:</b>	05/31/2018
	<b>EXPIRATION DATE:</b>	05/31/2021

**LEGAL ADDRESS:** CALLE 8 CASA No. 2 – URB. CHUPARIN. PUERTO LA CRUZ  
ANZOATEGUI STATE – ZIP CODE 6023

**REGIONAL MANAGEMENT OF INTERNAL TAXES  
NORTHEAST REGION**

**3411347604-MWG  
AUTHORIZED SIGNATURE**

**Condition: Ordinary Taxpayer of the VAT:** The condition of this taxpayer requires the retention of 75% of the tax caused, except if it incurs in the assumptions established for the retention of 100%.

The validity of this voucher must be verified through the address: [www.seniat.gob.ve](http://www.seniat.gob.ve), online system through the option "Digital Consultation RIF" (*Sistemas en Linea mediante la opcion "Consulta Comprobante Digital RIF"*). It does not require wet seal.



**REGISTRO ÚNICO DE INFORMACIÓN FISCAL (RIF)**

J411347604 MULTISERVICIOS GROUP 2014, C.A.

FECHA DE INSCRIPCIÓN: 07/05/2018

DOMICILIO FISCAL CALLE 8 CASA NRO 2 URB CHUPARIN PUERTO LA CRUZ  
ANZOATEGUI ZONA POSTAL 6023

FECHA DE ÚLTIMA ACTUALIZACIÓN: 31/05/2018

FECHA DE VENCIMIENTO: 31/05/2021

GERENCIA REGIONAL DE TRIBUTOS INTERNOS  
REGIÓN NOR-ORIENTAL

3411347604-MWG  
FIRMA AUTORIZADA



**Condición: Contribuyente Ordinario del IVA:** La condición de este contribuyente requiere la retención del 75% del impuesto causado, salvo que incurra en los supuestos establecidos para la retención del 100%.

La validez de este Comprobante debe verificarse a través de la dirección [www.seniat.gob.ve](http://www.seniat.gob.ve), Sistemas en Línea mediante la opción 'Consulta Comprobante Digital RIF'. No requiere sello húmedo.



**REGISTRO ÚNICO DE INFORMACIÓN FISCAL (RIF)**

J411347604 MULTISERVICIOS GROUP 2014, C.A.

FECHA DE INSCRIPCIÓN: 07/05/2018

DOMICILIO FISCAL CALLE 8 CASA NRO 2 URB CHUPARIN PUERTO LA CRUZ  
ANZOATEGUI ZONA POSTAL 6023

FECHA DE ÚLTIMA ACTUALIZACIÓN: 31/05/2018

FECHA DE VENCIMIENTO: 31/05/2021

GERENCIA REGIONAL DE TRIBUTOS INTERNOS  
REGIÓN NOR-ORIENTAL

3411347604-MWG  
FIRMA AUTORIZADA



Condición: Contribuyente Ordinario del IVA: La condición de este contribuyente requiere la retención del 75% del impuesto causado, salvo que incurra en los supuestos establecidos para la retención del 100%.

La validez de este Comprobante debe verificarse a través de la dirección [www.seniat.gob.ve](http://www.seniat.gob.ve), Sistemas en Línea mediante la opción 'Consulta Comprobante Digital RIF'. No requiere sello húmedo.