

F18000004767

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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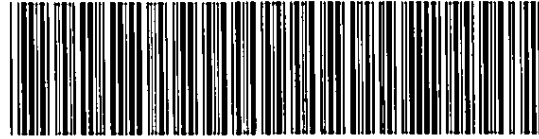
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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OCT 20 2018
S. YOUNG

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

Agente De Rivas Y Cambio Moneycorps IR S A, Inc.

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:

Ruben J. Padron, Esq.

_____	Name of Person
Ruben J. Padron, PA	
_____	Firm/Company
9370 SW 72 Street, Suite A-142	
_____	Address
Miami, FL 33173	
_____	City/State and Zip code
ruben@rubenjpadronpa.com	
_____	E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ruben J. Padron, Esq.	305	671-3236
_____	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.*

Agente De Rivas Y Cambio Moneycorps IR S A, 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)
Dominican Republic

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
May 22, 2006 perpetual

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)

Avenida Sarasota No. 62, Corner of Arrayanes, Local 45A, First Level, Plaza Bella Vista Mall, Santo Domingo.

7. Dominican Republic
(Principal office address)

(Current mailing address, if different)

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

Name: Ruben J. Padron, Esq.

9370 SW 72 Street, Suite A-142

Office Address:

Miami

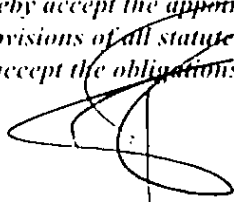
33173

(City)

Florida (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: Ingrid Miguelina Reyes De Villar

Address: Avenida Sarasota No. 62, Corner of Arrayanes, Local 45A, First Level, Plaza Bella Vista Mall, Santo Domingo,

Dominican Republic

Director: _____

Address: _____

B. OFFICERS

President: Ingrid Miguelina Reyes De Villar

Address: Avenida Sarasota No. 62, Corner of Arrayanes, Local 45A, First Level, Plaza Bella Vista Mall, Santo Domingo,

Dominican Republic

Vice President: Jose Anibal Perez Cid

Address: Avenida Sarasota No. 62, Corner of Arrayanes, Local 45A, First Level, Plaza Bella Vista Mall, Santo Domingo,

Dominican Republic

Secretary: Juan Carlos Recio Perez

Address: Avenida Sarasota No. 62, Corner of Arrayanes, Local 45A, First Level, Plaza Bella Vista Mall, Santo Domingo,

Dominican Republic

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.

Ruben J. Padron, Esq., Registered Agent/Attorney

13. _____

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

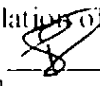
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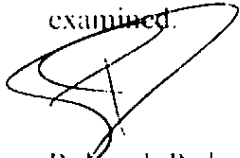
RUBÉN J. PADRÓN, P.A.
ATTORNEY AT LAW

9370 SW 72nd Street, Suite A-266, Miami, FL 33173
telephone 305.671.3236 • 305.279.7280
facsimile 305.722.3674 • 305.455.9540
e-mail ruben@rubenpadronpa.com

September 27, 2018

Translator's Declaration

I Ruben J. Padron, declare under penalty of perjury that I understand the Spanish language and the English language; and that to the best of my knowledge and belief, the statements in the English language in the attached translation of Spanish, consisting of one page (not including this one) which I have initialed , the same meanings as the statements in the Spanish language in the original document, a copy of which I have examined.



Ruben J. Padron, Esq.

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TALLAHASSEE, FLORIDA



República Dominicana
MINISTERIO DE HACIENDA
DIRECCIÓN GENERAL DE IMPUESTOS INTERNOS
RNC: 4-01-50625-4
AÑO DEL FOMENTO DE LAS EXPORTACIONES
CERTIFICACIÓN

No. de Certificación: **C0218953034793**

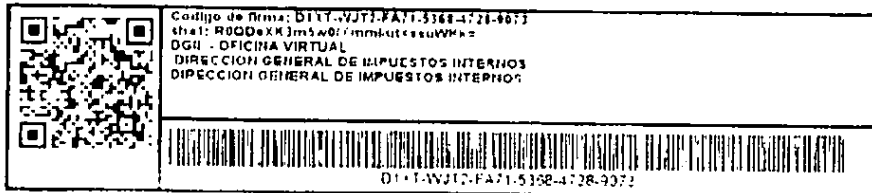
La Dirección General de Impuestos Internos **CERTIFICA** que el o la contribuyente **AGENTE DE REMESAS Y CAMBIO MONEYCORPS IR S A**, RNC No. **130282838**, con su domicilio y asiento fiscal en **DISTRITO NACIONAL**, Administración Local **ADM LOCAL LA FERIA**, está al día en la declaración y/o pago de los impuestos correspondientes a las obligaciones fiscales siguientes:

- Nombre del Impuesto: _____
- RETENCIONES + RETRIB. EN RENTA
 - ANTICIPO IMPUESTO A LAS RENTAS
 - ACTIVOS IMPONIBLES
 - IMPUESTO A LA RENTA SOCIEDADES
 - IIBIS

Dada en la **OFICINA VIRTUAL**, a los **trece (13)** días del mes de **septiembre** del año **dos mil dieciocho (2018)**.

NOTAS:

- La presente certificación tiene una vigencia de treinta (30) días a partir de la fecha y se emite a solicitud del o de la contribuyente o su representante.
- Esta certificación no constituye un juicio de valor sobre la veracidad de las declaraciones presentadas por el o la contribuyente, ni excluye cualquier proceso de verificación posterior.
- Este documento no requiere firma ni sello.



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Verifique la autenticidad de la presente certificación en <http://www.dgi.gov.do/verificacion> llamando a los teléfonos 809-6997344 o 809-202-6960 (desde el exterior sin cargos).

Dominican Republic
Department of Treasury
Director General of Internal Revenue
RNC: 4-01-50625-4
"Year Export Promotion"
CERTIFICATE

NO. of Certificate: **C0218953034793**

The Director General of Internal Revenue **CERTIFIES** the taxpayer(s) **AGENTE DE REVISAS Y CAMBIO MONEYCORPS IR S A**, RNC No. **130282838**, with it with its physical and legal address for tax purposes located in the National District, Local Administration **ADM Local La Feria**, is up to date in its tax filings and payments in accordance with the following fiscal obligations:

NAME OF TAX:

- Rent Tax Withholding
- Taxable assets
- ITBIS
- Advance Tax on Rent
- Tax on Corporate Rent

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TALLAHASSEE, FLORIDA

Granted by the Virtual Office on September 13, 2018.

Notes:

- The current certificate is valid for a period of 30 days from the date issuance to the taxpayer its representative.
- This certificate does not constitute a value judgement about the veracity of the declarations submitted by the taxpayer.
- This document does not require signature or stamp.

Signature Code D1XT-WJT2-FA71-5368-4728-9073
Sha1:RoQDoXK3m5w0/YmmI/utXssuWKk=
DGII – Virtual Office
Director General of Internal Revenue
Director General of Internal Revenue

