F1900001749

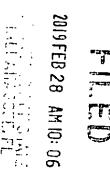
(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ess Entity Nar	me)
(Docu	ment Number))
Certified Copies	Certificate	s of Status
Special Instructions to Fili	ing Officer:	

Office Use Only



900324632019

02/28/19--01024--018 **/8.75



S. PRATHE

COVER LETTER

TO:	Registration Security Division of Co				
SUBJ	ECT: ALASTO	DUR 2013 C.A CO	RP		
				r - must include suffix	
Dear S	Sir or Madam:				
"Certi	ficate of Existen		ie of Good Sta	nding" and check are su	act Business in Florida," bmitted to register the
Please	return all corres	pondence concer	ning this matte	r to the following:	
ISABE	L MARTINEZ				
CHAR	M CONSULTING	ì	Name of	Person	
1825 N	MAIN STREET		Firm/Con	npany	
WEST	ON, FLORIDA 3.	3326	Addr	ess	
ISABE	LRMARTINEZ@	GMAIL.COM	City/State a	ınd Zip code	
		É-mail addres	ss: (to be used	for future annual report	notification)
For fu	rther information	concerning this	matter, please	call:	
ISABEL MARTINEZ at (754) 234-3393					
	Name of Perso	n	Area Cod	le Daytime Telep	phone Number
	Registration So Division of Co Clifton Buildir	rporations ig e Center Circle	SS:	MAILING A Registration 9 Division of C P.O. Box 632 Tallahassee, 1	Section orporations 7
Enclos	ed is a check for	the following an	nount:		
□ \$70	0.00 Filing Fee	S78.75 Filir Certificate	-	\$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee. Certificate of Status &

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	ALASTOUR 2013 C.A	L CORP		
			COMPANY." "CORPORATIO	N."
"Inc.," "Co.," "C	Torp," "Inc," "Co," or "Corp."))		

(If name unavail	able in Florida, enter alternate	corporate name ado	pted for the purpose of transacti	ing business in Florida)
2. VENEZUELA		3		
(State or count	ry under the law of which it is	incorporated)	(FEI number, if a	pplicable)
4. FEBRUARY 26	5, 2015	5. 5	0 YEARS	
(Date	of incorporation)	5. 50 YEARS (Date of duration, if other tha		r than perpetual)
	N/A			
	(Date first trans	sacted business in Fl	orida, if prior to registration)	
CALLEALTOS	(SEE SECTIONS 60)7.1501 & 607.1502	. F.S., to determine penalty liabi 3 URB LOS PINOS, EL HATH	
7. VENEZULA 108		CDAD PISO S OFF	3 UKB LUS PINOS, EL HATH	LO CARACAS
63 4 1 † 15 4 F 95/201	DE LOS DESIGNADOS DE LA CASA	(Principal o	office address)	20
VENEZULA 10	-DE LOS PINOS, EDE LA PI 83	EDAD PISO 3 OFF	3 URB LOS PINOS, EL HATI	
-		(Current mailing a	ddress, if different)	F B
				22
8. Name and street	<u>et address</u> of Florida registe	ered agent: (P.O. E	Box <u>NOT</u> acceptable)	
Name:	CHARM CONSULTING I	II.C		MH 10: 06
Name.	CHARM CONSOLTING	LLC	_	三
Office Address:	1825 MAIN STREET			F6. 0 .
	WESTON		, Florida <u>33326</u>	
	(City)		(Zip code)	
	•		(124)	
	ent's acceptance:	•		
riaving been nan designated in this	iea as registerea agent and Landication. I hereby acce	t to accept service on the annoinmen	of process for the above stat it as registered agent and ag	ed corporation at the place or as to get in this canacity.
further agree to c	comply with the provisions	of all statutes rela	tive to the proper and comp.	lete performance of my
duties, and I am j	familiar with and accept th	e obligations of m	y position as registered agei	nt.
		W S	•	
_			\ <u></u>	
		(Registered age	nt seignature)	

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

Chairmar	E LUIS ENRIQUE ALAS MENDEZ	
Address:	1825 MAIN STREET, WESTON FLORIDA 33326	
		······································
Vice Cha	irman: ELENA COROMOTO FERNANDEZ RODRIGUEZ	
Address:	1825 MAIN STREET.WESTON FLORIDA 33326	
Director:	ROBERTO ANTONIO CAVO ROMERO	
Address:	1825 MAIN STREET, WESTON FLORIDA 33326	
Director:		
Address:		
		~~~~
B. OFF	ICERS	2019 FE
President	LUIS ENRIQUE ALAS MENDEZ	- 1
Address:	1825 MAIN STREET, WESTON FLORIDA 33326	3
		m. 5 0
Vice Pres	ident: ROBERTO ANTONIO CAVO ROMERO	LE 06
Address:	1825 MAIN STREET, WESTON FLORIDA 33326	
Secretary	ELENA COROMOTO FERNANDEZ RODRIGUEZ	
Address:	1825 MAIN STREET, WESTON FLORIDA 33326	
Treasurer	:	
Address:		
	If necessary, you may attach an addendaring the application listing additional officer	s and/or directors.
12		
are true a	SigNature of Director or Officer cer or director signing this document (and who is listed in number 11 above) affirms the und that he or she is aware that false information submitted in a document to the Department of the Depart	hat the facts stated herein rtment of State constitutes
13	ROBERTO ANTONIO CAVO ROMERO, VICEPRESIDENT	
	(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 20 Day of Telovucky 2019 by Brunella Bellemo who is personally known

AR.NA ...

2800 Glades Cir Ste 121, Weston, FL 33327-2278 - Tel. 954 385-1737 * Fax 954 252-4361



#### VOUCHER No. 201801U0000037884142

#### **UNIQUE TAX INFORMATION REGISTER (RIF)**

J405670177 ALASTOUR 2013, C.A.

REGISTRATION DATE:

04//102015

LAST UPDATE DATE:

06/15/2018

EXPIRATION DATE:

06/15/2021

**LEGAL ADDRESS**: CALLE ALTOS LOS PINOS - EDIF, LA PIEDAD PISO 3 OFIC. 3

URB. LOS PINOS – EL HATILLO – CARACAS (EL HATILLO MIRANDA)

ZIP CODE 1083

UNIT OF SPECIAL TAXPAYERS

BARUTA

3405670177-OXQ AUTHORIZED SIGNATURE (Bar Code)

Condition: Ordinary Taxpayer of the VAT and VAT Retention Agent: 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, online system through the option "Digital Consultation RIF" (Sistemas en Linea mediante la opcion "Consulta Comprobante Digital RIF". It does not require wet seal.





N° COMPROBANTE: 201801U0000037884142

### REGISTRO ÚNICO DE INFORMACIÓN FISCAL (RIF)

J405670177 ALASTOUR 2013,C.A.

FECHA DE INSCRIPCIÓN:

10/04/2015

**DOMICILIO FISCAL** CALLE ALTOS LOS PINOS EDIF LA PIEDAD PISO 3 OF 3 URB LOS PINOS EL HATILLO CARACAS (EL HATILLO MIRANDA ZONA POSTAL 1083

FECHA DE ÚLTIMA ACTUALIZACIÓN: 15/06/2018

FECHA DE VENCIMIENTO:

15/06/2021

UNIDAD DE CONTRIBUYENTES ESPECIALES BARUTA

3405670177-OXQ FIRMA AUTORIZADA



Condición: Contribuyente Ordinario del IVA y Agente de Retención 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, Sistemas en Línea mediante la opción 'Consulta Comprobante Digital RIF'. No requiere sello húmedo.