F19000004807

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2019 OCT -9 PM 4:06

TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MOCASA MOLINOS CARABOBO S.A. Inc.
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:

CARMEN MATILDE HERNANDEZ
Name of Person

TOTALCORP BUSINESS CONSULTANTS CORP
Firm/Company

1825 MAIN STREET
Address

WESTON FL 33326
City/State and Zip code

cmatilde@totalcorpconsultants.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Carmen Matilde Hernandez at (954) 624-2554
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. MOCASA MOLINOS CARABOBO S.A. Inc.
(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
(State or country under the law of which it is incorporated)

3. N/A
(FEI number, if applicable)

4. 03/21/1990
(Date of incorporation)

5. PERPETUAL
(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. Av. Baralt, Ed. 25 Local 1, Quinta Crespo, Caracas, Distrito Capital, Venezuela
(Principal office address)

Av. Baralt, Ed. 25, Local 1, Quinta Crespo, Caracas, Distrito Capital, Venezuela
(Current mailing address, if different)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Name: TOTALCORP BUSINESS CONSULTANTS CORP

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.

(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: MARGHERITA BASILE DE CRINCOLI

Address: C/O 2061 NW 112 AVE #141
SWEETWATER, FL 33172

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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TALLAHASSEE, FLORIDA

B. OFFICERS

President: MARGHERITA BASILE DE CRINCOLI

Address: C/O 2061 NW 112 AVE #141
SWEETWATER, FL 33172

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. DIRECTOR/ PRESIDENT / MARGHERITA BASILE DE CRINCOLI
(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 September 2019 by Brunella Bellemo who is personally known

Notary Public

KARINA PAEZ
Commission # GG 19059
My Commission Expires
August 09, 2020

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

BOLIVARIAN REPUBLIC OF VENEZUELA

MINISTRY OF THE POPULAR POWER FOR THE SOCIAL WORK PROCESS

VENEZUELAN INSTITUTE OF SOCIAL SECURITY

ELECTRONIC SOLVENCY CERTIFICATE

The Venezuelan Institute of Social Security (I.V.S.S.) states that the employer MOCASA MOLINOS CARABOBO S.A. Registered under the employer number D15813585, with Fiscal Information Registry (R.I.F.) J075768965 represented by citizen GIOVANNI BASILE PASSALACQUA, holder of the Identity Card No. V-6089329 is:

FINANCIALLY SOUND

Certificate which is issued at the request of interested party in the city of Caracas to the 17 days of the month of September of 2019, 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 is valid until October 2, 2019.

Attorney Magaly Gutierrez Vina

President of the Board of Directors of the IVSS

Official Gazette No. 41.420 dated 06/15/2018

The validity of this electronic solvency certificate can be checked through the I.V.S.S. web portal (www.ivss.gob.ve) with Verification Code No. 200-5097339—20193.

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

CERTIFICADO ELECTRÓNICO DE SOLVENCIA

El Instituto Venezolano de los Seguros Sociales (I.V.S.S.), hace constar que el (la) empleador (a) MOCASA MOLINOS CARABOBO SA inscrito (a) bajo el número patronal D15813585, cuyo Registro de Información Fiscal (R.I.F.) J075768965, representado por el (la) ciudadano (a) GIOVANNI BASILE PASSALACQUA, titular de la Cédula de Identidad N° V-6089329, se encuentra:

2019 OCT -8 PM 4:06

SOLVENTE

Certificado que se expide a petición de la parte interesada en la ciudad de Caracas a los 17 días del mes de Septiembre de 2019, 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 Octubre de 2019.

Abog. Magaly Gutierrez Viña

Presidenta de la Junta Directiva del IVSS

Gaceta Oficial N° 41.420 de fecha 15/06/2018

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° 200-5097339-20193.