

F20000005/4

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

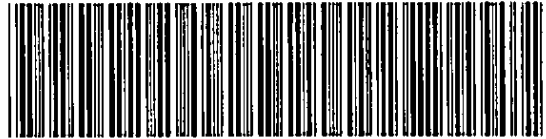
(Business Entity Name)

(Document Number)

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T. LEROUX

T. LEROUX
JAN 20 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SERVIDIVERSITY 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

Firm/Company

1825 MAIN STREET

Address

WESTON FLORIDA 33326

City/State and Zip code

ISABELRMARTINEZ@GMAIL.COM

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

For further information concerning this matter, please call:

ISABEL MARTINEZ

at (754) 2343393

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 27, 2020

ISABEL MARTINEZ
1825 MAIN ST
WESTON, FL 33326

SUBJECT: SERVIDIVERSITY C.A. CORP
Ref. Number: W20000007622

We have received your document for SERVIDIVERSITY C.A. CORP and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 320A00001934

**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. SERVIDIVERSITY 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. CARABOBO - VENEZUELA

3. NONE

(State or country under the law of which it is incorporated)

(FEI number, if applicable)

4. FEBRUARY 22, 2007

5. 20 YEARS (2027)

(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. CTRA VIEJA TOCUYITO GALPON 70 BARRIO LA FLORIDA II TOCUYITO CARABOBO ZONA POSTAL 2035

(Principal office street address)

(Current mailing address, if different)

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

Name: CHARM CONSULTING LLC

Office Address: 1825 MAIN STREET

WESTON

(City)

, Florida 33326

(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.

A. DIRECTORS

☒ Chairman Name: OSCAR A MACHADO BERBESI
☐ Vice Chairman Address: 1825 MAIN STREET
☐ Director WESTON FLORIDA 33326
☒ President OSCAR A MACHADO BERBESI
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

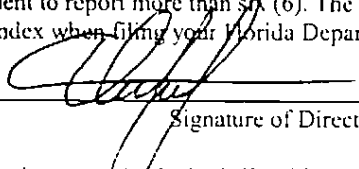
☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: ANIBAL J MACHADO
☒ Vice Chairman Address: 1825 MAIN STREET
☐ Director WESTON FLORIDA 33326
☐ President _____
☒ Vice President ANIBAL J MACHADO
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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. OSCAR A MACHADO BERBESI, 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 *17* Day of *January* 2020 by Brunella Bellemo who is personally known


Notary Public



BAR CODE
FORM NUMBER: 201810Q0000039017447

UNIQUE RECORD OF TAX INFORMATION (RIF)

J293800218 SERVIDIVERSITY C. A.

REGISTRATION DATE: 02/28/2007
DATE FOR LAST UPDATE: 10/22/2018
EXPIRATION DATE: 10/22/2021

FISCAL ADDRESS: CTRA VIEJA TOCUYITO LOCAL GALPON
70 BARRIO LA FLORIDA II TOCUYITO CARABOBO
ZONA POSTAL 2035

DIVISION OF SPECIAL TAXPAYERS
(VALENCIA)

3293800218-ZVB
AUTHORIZED SIGNATURE

Condition: Ordinary VAT Taxpayer and VAT Withholding Agent: The condition of this taxpayer requires the retention of 75% of the tax caused, except that it incurs in the cases established for the retention of 100%.

The validity of this voucher must be verified through the www.seniat.gob.ve address, Online Systems (*Sistemas en Linea*) through the option Check Digital RIF voucher (*Consulta Comprobante Digital RIF*). Does not require wet seal.



N° COMPROBANTE: 201810Q0000039017447

REGISTRO ÚNICO DE INFORMACIÓN FISCAL (RIF)

J293800218 SERVIDIVERSITY C.A

FECHA DE INSCRIPCIÓN: 28/02/2007

DOMICILIO FISCAL CTRA VIEJA TOCUYITO LOCAL GALPON 70 BARRIO LA FLORIDA
II TOCUYITO CARABOBO ZONA POSTAL 2035

FECHA DE ÚLTIMA ACTUALIZACIÓN: 22/10/2018

FECHA DE VENCIMIENTO: 22/10/2021

DIVISIÓN DE CONTRIBUYENTES ESPECIALES
(VALENCIA)

3293800218-ZVB
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.