

F20000000 762

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

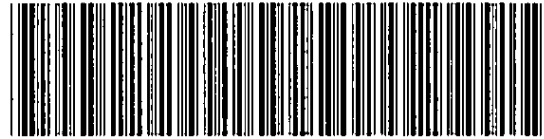
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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01/14/20--01013--005 **70.00

FILED
2020 Jan 14 P 2:33
TALLAHASSEE, FLORIDA

FEB 12 2020

T. LEMIEUX

W20-14100

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FABRICA DE PASTAS ALLEGRI C.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)

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
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

CARMAN MATILDE HERNANDEZ
1825 MAIN ST
WESTON, FL 33326

SUBJECT: FABRICA DE PASTAS ALLEGRI C.A. INC.
Ref. Number: W20000007634

We have received your document for FABRICA DE PASTAS ALLEGRI C.A. INC. and your check(s) totaling \$70.00. 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: 220A00001937

FIND ATTACHED A CERTIFICATE OF GOOD STANDING.

**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. FABRICA DE PASTAS ALLEGRI C.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 3. N/A

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

(FEI number, if applicable)

4. 07/03/1970

5. PERPETUAL

(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. 2061 NW 112 AVE, #141, SWEETWATER, FL 33172

(Principal office street address)

2061 NW 112 AVE, #141, SWEETWATER, FL 33172

(Current mailing address, if different)

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

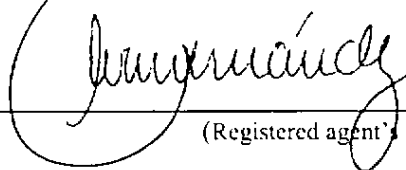
(City)

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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

FILED
2020 MAR 14 P 2:03
TALLAHASSEE, FLORIDA

A. DIRECTORS

☒ Chairman Name: Margherita Basile de Crincoli
☐ Vice Chairman Address: C/O 2061 NW 112 AVE #141
☐ Director SWEETWATER, FL 33172
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

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

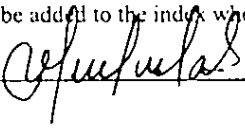
☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ 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: _____
☐ 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. MARGHERITA BASILE DE CRINCOLI / DIRECTOR- 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.

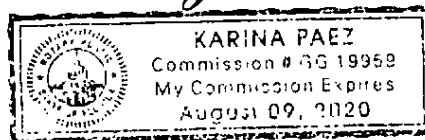
I certify that I have accurately translated the attached document(s) from Spanish into English.



Brunella Bellemo

State of Florida }
County of Broward }

Sworn to and subscribed before me this 23 Day of December 2019 by Brunella Bellemo who is personally known


Notary Public

**CERTIFICATE OF FINANCIAL STANDING
SOLVENCY No. 431.439**

Mayoralty of
Caracas
Municipal Superintendence
of Tax Administration

Bar Code
000043149000078717001836342811201931102019311220196

TAXPAYER INFORMATION

BUSINESS NAME: **FABRICA DE PASTAS ALLEGRI, C.A.**

RIF # **J-00070225-0**

CATASTRAL CODE: N/A

ADDRESS: *SANTA TERESA, AVENIDA OESTE 18 CON AVENIDA BARALT,
TERRENO Y EDF. 25 DE ENERO, SECTOR QUINTA CRESPO*

TYPE OF SOLVENCY

TAX: **INDUSTRY AND COMMERCE**

ACCOUNT # **300096**

ORIGIN: **SIMAT**

SUB-ACCOUNT: N/A

SETTLEMENT/SELF-CLEARANCE NUMBER: **2121934**

DATE OF SETTLEMENT/SELF-CLEARANCE NUMBER: **11/12/2019**

DATE ISSUED

CANCELLED PERIOD

EXPIRATION DATE

12/28/2019

10/31/2019

12/31/2020

(illegible signature)
**MUNICIPAL SUPERINTENDENT
OF TAX ADMINISTRATION**

IT GOES WITHOUT AMENDMENT. THIS SOLVENCY IS SUBJECT TO FURTHER INVESTIGATIONS BY THE COMPETENT BODIES.



**Alcaldía
de Caracas**

SUPERINTENDENCIA MUNICIPAL
DE ADMINISTRACIÓN TRIBUTARIA

CERTIFICADO DE SOLVENCIA

SOLVENCIA N° 431.439



0000431439000076717001836342811201931102019311220196

DATOS DEL CONTRIBUYENTE

RAZÓN SOCIAL: FABRICA DE PASTAS ALLEGRI C.A.

N° R.I.F.: J - 00070225 - 0

CÓDIGO CATASTRAL:

DIRECCIÓN: SANTA TERESA, AVENIDA OESTE 18, CON AVENIDA BARALT. TERRENO Y EDIF 25 DE ENERO. SECTOR QUINTA CRESPO

TIPO DE SOLVENCIA

IMPUESTO: INDUSTRIA Y COMERCIO

N° CUENTA: 300096

ORIGEN: SIMAT

SUBCUENTA:

N° LIQUIDACIÓN/AUTOLIQUIDACIÓN: 2121934

FECHA LIQUIDACIÓN/AUTOLIQUIDACIÓN: 12/11/2019

FECHA DE EXPEDICIÓN	PERÍODO CANCELADO	FECHA DE VENCIMIENTO
28/12/2019	31/10/2019	31/12/2020

SUPERINTENDENTE MUNICIPAL
DE ADMINISTRACIÓN TRIBUTARIA

VA SIN ENMIENDA. ESTA SOLVENCIA ESTA SUJETA A INVESTIGACIONES POSTERIORES POR PARTE DE LOS ORGANISMOS COMPETENTES.