

F21000001732

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

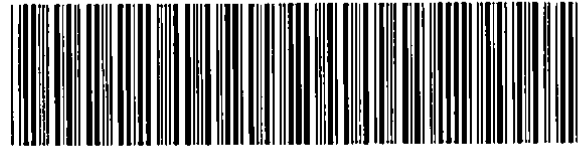
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2021 MAR 26 PM 12:53

APPROVED  
AND  
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03/26/21--01004--004 \*\*7

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2021 MAR 26 AM 8:16

MAR 24 2021

Grumley

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Inversiones K-Este, 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:

Michael Ortiz

\_\_\_\_\_  
Name of Person

Michael Ortiz, P.A.

\_\_\_\_\_  
Firm/Company

1430 South Dixie Highway, Suite 321

\_\_\_\_\_  
Address

Coral Gables, FL 33146

\_\_\_\_\_  
City/State and Zip code

lawortiz@aol.com

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

For further information concerning this matter, please call:

Michael Ortiz

at ( 305 ) 665-5270

\_\_\_\_\_  
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

**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. Inversiones K-Este, 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. Venezuela

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

3. \_\_\_\_\_

(FEI number, if applicable)

4. \_\_\_\_\_

(Date of incorporation)

5. \_\_\_\_\_

(Date of duration, if other than perpetual)

6. This corporation has not transacted business in Florida

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1430 South Dixie Highway, Suite 321, Coral Gables, FL 33146

(Principal office street address)

(Current mailing address, if different)

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

Name: Michael Ortiz, P.A.

Office Address: 1430 South Dixie Highway, Suite 321

Coral Gables

(City)

Florida 33146

(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]:

## A. DIRECTORS

☐ Chairman Name: Ivan Alejandro Kaufman Gonzalez  
☐ Vice Chairman Address: c/o 1430 South Dixie Highway  
☒ Director Suite 321  
☒ President Coral Gables, FL 33146  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

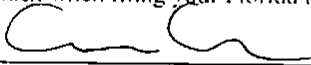
☐ Chairman Name: Maria Alejandra Kaufman Gonzalez  
☐ Vice Chairman Address: c/o 1430 South Dixie Highway  
☒ Director Suite 321  
☐ President Coral Gables, FL 33146  
☒ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Michael Ortiz  
☐ Vice Chairman Address: 1430 South Dixie Highway  
☐ Director Suite 321  
☐ President Coral Gables, FL 33146  
☐ Vice President \_\_\_\_\_  
☒ Secretary ☒ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

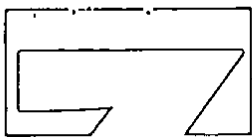
☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

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. Michael Ortiz, Secretary and Treasurer  
(Typed or printed name and capacity of person signing application)



# SEVEN LANGUAGES TRANSLATING & INTERPRETING RESOURCES, INC.

TRANSLATORS • INTERPRETER

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Web site: [www.sevenlanguages.com](http://www.sevenlanguages.com) • E-mail: [info@sevenlanguages.com](mailto:info@sevenlanguages.com)

## CERTIFICATE OF TRANSLATION

STATE OF FLORIDA

COUNTY OF MIAMI-DADE

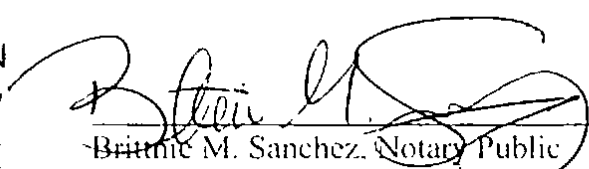
I, JOSEPH RICHARD PEREZ, on behalf of SEVEN LANGUAGES TRANSLATING & INTERPRETING RESOURCES, Inc. do certify that the attached translation, consisting of

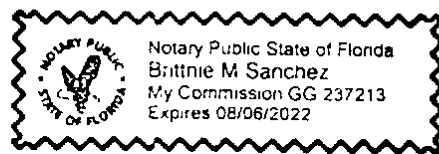
15 pages, is, to the best of my knowledge and belief, a true and accurate rendition into the English language of the original written in Spanish.

  
JOSEPH RICHARD PEREZ

The foregoing instrument was acknowledged by me on this 23 day of February, 2021. JOSEPH RICHARD PEREZ personally appeared before me at the time of notarization. She is personally known to me and produced a driver's license as identification and she did take an oath.

SPANISH  
FRENCH  
ITALIAN  
HEBREW  
CREOLE  
DUTCH  
PORTUGUESE  
GERMAN  
CHINESE  
JAPANESE  
RUSSIAN  
SCANDINAVIAN  
ASIAN  
SLAVIC  
& ALL OTHER  
LANGUAGES

  
Britnie M. Sanchez, Notary Public  
State of Florida at Large



The utmost care has been taken to ensure the accuracy of all translations. SEVEN LANGUAGES TRANSLATING & INTERPRETING RESOURCES, inc and its employees shall not be liable for any damages due to negligence or error in typing or translation

SEVEN LANGUAGES TRANSLATING AND INTERPRETING RESOURCES, INC.

18495 SOUTH DIXIE HIGHWAY #116, CUTLER BAY, FLORIDA 33157

DADE (305) 374-6761 • 24 HR. FAX (305) 374-0328 • 1-800-374-6761

Republic of Venezuela	[bar code]
SENIAT	Voucher No.: 20170150000035801552
National Integrated Service for the Administration of Customs Duties and Taxes	
Ministry of the Economy and Finance	
[illegible]	

**TAX INFORMATION CODE (RIF)**

J298948140 GRUPO INVERSIONES K-ESTE, C.A.	REGISTRATION DATE:	04/28/2010
TAX DOMICILE AV PRINCIPAL, LA GUARITA, EDIF ADMINISTRATIVO	DATE OF LAST UPDATE:	12/14/2018
URB LA GUARITA CARACAS (EL HATILLO MIRANDA ZONA POSTAL 1080	EXPIRATION DATE:	12/14/2021

REGIONAL INTERNAL REVENUE OFFICE	3298948140-ZYB	[QR CODE]
CAPITAL REGION	AUTHORIZED SIGNATURE	

Status: Regular VAT Taxpayer: The status of this taxpayer requires withholding of 75% of the tax incurred, unless it falls under the conditions established for 100% withholding.

The validity of this Voucher must be verified through the web address [www.seniat.gob.ve](http://www.seniat.gob.ve), Sistemas en Línea [online systems] through the 'Consulta Comprobante Digital RIF' [Consult RIF Digital Voucher] option. Wet stamp not required.

CERTIFIED TRANSLATION  
PREPARED BY



N° COMPROBANTE: 20170150000035801552

### REGISTRO ÚNICO DE INFORMACIÓN FISCAL (RIF)

1298548140 INVERSIONES K-ESTE, C.A.

FECHA DE INSCRIPCIÓN: 28/04/2010

DOMICILIO FISCAL AV PRINCIPAL LA GUARITA EDIF ADMINISTRATIVO PISO 1 OF  
ADMINISTRATIVA URÉ LA GUARITA CARACAS (EL HATILLO MIRANDA ZONA  
POSTAL 1080

FECHA DE ÚLTIMA ACTUALIZACIÓN: 14/12/2018

FECHA DE VENCIMIENTO: 14/12/2021

GERENCIA REGIONAL DE TRIBUTOS INTERNOS  
REGION CAPITAL

1298548140-ZYB  
FIRMA AUTORIZADA



Condición: Contribuyente Ordinario 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](http://www.seniat.gob.ve), Sistemas en Línea mediante la opción 'Consulta Comprobante Digital RIF'. No requiere sello húmedo.