

3/28/23, 2:18 PM

Division of Corporations

Florida Department of State

Division of Corporations

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To:

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From:

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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FOREIGN PROFIT/NONPROFIT CORPORATION

Motobombas, C.A. Corp

Certificate of Status	0
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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. Motobombas, C.A.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Motobombas, C.A. Corp.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Venezuela 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 10/14/1983 5. 04/23/2024
(Date of incorporation) (Date of duration, if other than perpetual)
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. Calle 1° Transversal Local Galpon Nro 89 Zona Industrial, Parapara los Guayos Carabobo, 2001
(Principal office street address)

7335 NW 66th Street, Miami, FL, 33166, United States of America.
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Ezcompliance, LLC

Office Address: 300 SW 1st Ave, Suite 155
Fort Lauderdale, FL 33301
(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. 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: Marco A. Do Rosario Lourenco
☐ Vice Chairman Address: 7335 NW 66th Street, Miami, FL
☒ Director 33166
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Yesillyn C. Da Silva Fernandes
☐ Vice Chairman Address: 7335 NW 66th Street, Miami, FL
☒ Director 33166
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____


☐ Chairman Name: Mario Do Rosario Lourenco
☐ Vice Chairman Address: 7335 NW 66th Street
☐ Director 33166
☒ 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. Marco Antonio Do Rosario Lourenco, Director
 (Typed or printed name and capacity of person signing application)

Translation – Motobombas de Venezuela C.A. – Electronic Solvency Certificate

**BOLIVARIAN REPUBLIC OF VENEZUELA
MINISTRY OF 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 (a) **MOTOBOMBAS DE VENEZUELA C.A.** registered under the employer number **C16147306**, whose Registration of Fiscal Information (R.I.F.) **J075322452**, represented by the citizen **DO ROSARIO LOURENCO MARIO**, holder of the Identity Card No. **V-6207269**, is:

ACTIVE

This certificate is issued at the request of the interested party in the city of Caracas on the 17th day of the month of March 2023, in accordance with the provisions of the Eighth Final Provision of the Social Security Law, published in the Official Gazette N° 39.912 , Decree 8.921 dated April 30th, 2012.

Atty. Magaly Gutierrez Viña

President of the Board of Directors of IVSS

Official Gazette N ° 41.420 dated 06/15/2018

The validity of this electronic solvency certificate can be checked through the web portal of I.V.S.S. (www.ivss.gob.ve) with the verification code N° 171-9e72208-20194.

I, Jorge Fernandez, am competent to translate from Spanish into English, and I certify that the translation of this Electronic Solvency Certificate is true and accurate to the best of my abilities.



Jorge Fernandez
03/28/2023



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) MOTOBOMBAS DE VENEZUELA C.A. inscrito (a) bajo el número patronal C16147306, cuyo Registro de Información Fiscal (R.I.F.) J075322452, representado por el (la) ciudadano (a) DO ROSARIO LOURENCO MARIO, titular de la Cédula de Identidad N° V-6207269, se encuentra:

SOLVENTE

Certificado que se expide a petición de la parte interesada en la ciudad de Caracas a los 17 días del mes de Marzo de 2023, 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 Abril de 2023.

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° 171-9e72208-20194.

CERTIFICATE OF TRANSLATION

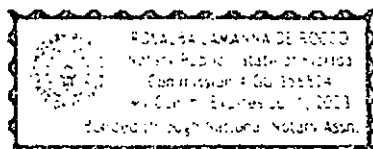
**STATE OF FLORIDA
COUNTY OF BROWARD**

ON THIS FIRST DAY OF MARCH, 2023, I ROSALBA LAMANNA DE ROCCO, A NOTARY PUBLIC, HEREBY ACKNOWLEDGE that, DELIA CAROLINA SALAZAR BELLOSO, known to me to be the person whose name is subscribed the following document, executed it by proper authority in her capacity as a Certified Public Interpreter and Translator for TRAMITES CONSULARES (Rocco-Felicioni Associated LLC), for the purposes and considerations therein expressed. The Certified Public Interpreter and Translator capacity was proved to me on the basis of satisfactory evidence and certify that she is the person whose name is subscribed to the following instrument and that by her signature, in her authorized capacity, she executed the document.

Given under my hand and seal of my office this 1st day of March, 2023.



Rosalba Lamanna de Rocco
Notary Public, State of Florida



The utmost care has been taken to ensure the accuracy of all translations. Rocco-Felicioni Associated, LLC and its employees shall not be liable for any damages due to negligence or error in typing or translation.

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