

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : TAXLEAF.COM INC
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Phone : (305)527-6617
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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
KRINGS REINSURANCE BROKERS S.A CORP

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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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. KRINGS REINSURANCE BROKERS S.A.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")
- KRINGS REINSURANCE BROKERS S.A. CORP
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. BOLIVIA 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 02/03/2020 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. 8/15/2024
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 2800 GLADES CIRCLE, SUITE 105 WESTON, FL 33327
(Principal office street address)
- _____
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: TAX UNION LLC
- Office Address: 2800 GLADES CIRCLE, SUITE 105
WESTON, Florida 33327
(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.

MARILIANA MENENDEZ

(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]:

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A. DIRECTORS

☐ Chairman Name CAMACHO KRINGS, MAURICIO FERGANTO
☐ Vice Chairman Address: 2800 GLADES CIRCLE, SUITE 105
☐ Director WESTON, FL. 33327
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other MEMBER ☐ Other _____

☐ Chairman Name: FUENTES GRACHOV, LUDMILA
☐ Vice Chairman Address: 2800 GLADES CIRCLE, SUITE 105
☐ Director WESTON, FL. 33327
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other MEMBER ☐ Other _____

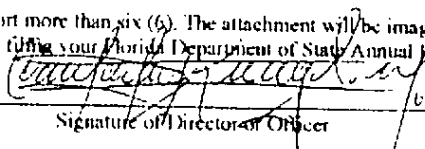
☐ Chairman Name _____
☐ Vice Chairman Address _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ 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 § 817.155, F.S.

HEREBY CERTIFIES: That the applicant does not have any outstanding tax debts contained in Tax Enforcement Titles, and that the processes that could subsequently give rise to other Tax Enforcement Titles are saved, as established in paragraph V of Article 7 of the R.M.D. N° 10190000011 of June 27, 2019.

As soon as it is certified at the request of the interested party, on the date of issue of this certificate.

Certification Code: 302425000318

Security Code: 389428023

[Illegible Signature]

DENNIS ABEL ROJAS MOSCOSO

DISTRICT MANAGER II

LA PAZ II DISTRICT MANAGER

NATIONAL TAX SERVICE

DARM

MHP1

EGH

PAMC/LBA

cc: GDL/PZ II

DICC

Taxpayer

Es, 1 (One)

GDL/PZ II-HR-3175-2021

Procedure No 10213255

IMPORTANT:

This certificate does not inhibit the tax administration from exercising its powers under Article 66 and 100 of Law N° 2492 to verify, control, inspect and investigate the other tax obligations of the taxpayer.

This Certificate is valid only within the national territory.

[Note on the right margin: CERTIFIED INSTITUTION ISO 9001:2015]

[Round seals that read: Illegible]

REPÚBLICA BOLIVARIANA DE VENEZUELA
Margarita Palacios Travieso
INTERPRETE PÚBLICO
IDIOMA INGLÉS
CACETA OFICIAL N° 39.968
DE FECHA 19 DE JULIO DE 2017

The undersigned, Margarita Palacios Travieso, Venezuelan, of legal age, domiciled in Caracas and bearer of the Identity Card N° V - 16 460 897, a Public Interpreter for the Bolivarian Republic of Venezuela, as evidenced by an Official License issued unto him and published in Official Gazette N° 39.968, dated July 19, 2012, registered with the Main Public Registry Office of the Capital District, Caracas, on March 29, 2012, under N° 209, Folio 209, Volume 43 and with the Seventeenth Municipal Court of the Metropolitan Area of Caracas on April 20, 2012, does hereby CERTIFY that the attached document has been submitted to her for translation, and that the following is a true English language version thereof:-----

[LOGOS]

BICENTENNIAL OF BOLIVIA

NATIONAL TAXES

PLURINATIONAL STATE OF BOLIVIA

CITE: SIN/GDL/PZ-11/DIC/UC/CAL/291/2024

CERTIFICATE OF TAX DEBTS

N° 302425000318

R-0029-01

La Paz, June 24, 2024

La Paz II District Management of the National Tax Service of
the Plurinational State of Bolivia, in accordance with
Article 129 of Law N° 2492, the Bolivian Tax Code and
Normative Resolution of the Board of Directors
N° 10190000011 of June 27, 2019

By written request of the applicant KRINGS REINSURANCE BROKERS S.A., with Tax Identification Number (NIT) 389428023, with business address at BALLIVIAN AVENUE N° 1578 BUILDING: CESUR TOWER FLOOR: 6 UNIT: 601 ZONE / NEIGHBORHOOD: CALACOTO of the city of La Paz and in accordance with the provisions of Article 129 of the Tax Code - Law N° 2492, Article 6 and following of the Regulatory Resolution of the Board of Directors N° 10190000011 of June 27, 2019 and based on the Consolidated Report by the Legal and Coercive Collection Department with CITE: SIN/GDL/PZ-11/DIC/UC/INF/2352/2024, dated 06/24/2024.

REPÚBLICA BOLIVARIANA DE VENEZUELA
Margarita Palacios Travieso
INTERPRETE PÚBLICO
IDIOMA INGLÉS
GACETA OFICIAL N° 39.968
DE FECHA 19 DE JULIO DE 2012



The foregoing translation is hereby certified correct. IN WITNESS WHEREOF I have hereunto set my hand and affixed my official seal, in the city of Caracas, on 10th of September 2024.



Margarita Palacios Travieso

REPÚBLICA BOLIVARIANA DE VENEZUELA
Margarita Palacios Travieso
INTERPRETE PÚBLICO
IDIOMA INGLÉS
GACETA OFICIAL N. 39.968
DE FECHA 19 DE JULIO DE 2012