

M20000008447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

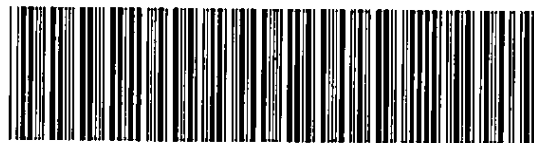
(Document Number)

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

Special Instructions to Filing Officer:

Mr. Alejandro gave permission  
to change officer name to  
his name. 9/29/20 US

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US  
9/29/20

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ELIZABETH GARDEN GROUP CA LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

ALEJANDRO MANRIQUE

Name of Person

Firm/Company

800 CYPRESS GROVE DR, #407

Address

POMPANO BEACH, FL 33069

City/State and Zip Code

ALEJOMANRIQUEG@GMAIL.COM

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

For further information concerning this matter, please call:

ALEJANDRO MANRIQUE

Name of Contact Person

at (

954

Area Code

440-8494

Daytime Telephone Number

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:



\$125.00 Filing Fee



\$130.00 Filing Fee &  
Certificate of Status



\$155.00 Filing Fee &  
Certified Copy



\$160.00 Filing Fee, Certificate  
of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDA**

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

1. **ELIZABETH GARDEN GROUP CA LLC**  
\_\_\_\_\_  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. **VENEZUELA** 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration )  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. **8180 NW 56 ST, DORAL, FL 33166** 6. **8180 NW 56 ST, DORAL, FL 33166**  
\_\_\_\_\_  
(Street Address of Principal Office) (Mailing Address)

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

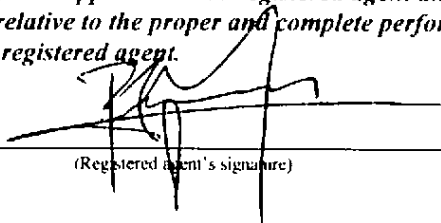
Name: **ALEJANDRO MANRIQUE**

Office Address: **800 CYPRESS GROVE DR, #407**

**POMPANO BEACH**, Florida **33069**  
(City) (Zip code)

**Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated limited liability company 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)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:

Name and Address:

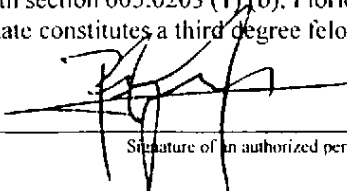
MANAGER

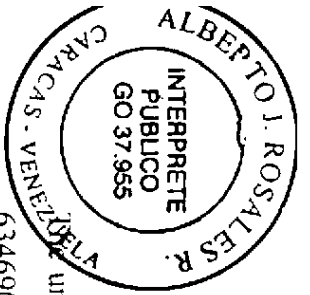
Alejandro Manrique  
800 Cypress Grove Dr. #407  
Pompano Beach, FLA 33069

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1)(b), Florida Statutes. I am aware that any 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.

  
\_\_\_\_\_  
Signature of an authorized person



I, the undersigned, Alberto Jesús Rosales Romero, Venezuelan, of legal age, domiciled in Caracas and bearer of the Identity Card N° V.-6346900, a Public Interpreter for the Bolivarian Republic of Venezuela, as evidenced by an Official License issued unto him and published in Official Gazette N° 37.955, dated June 08, 2004, registered with the Main Public Registry Office of the Capital District, Caracas, on December 15, 2003, under N° 69, Folio 69, Volume 21 and with the Eleventh Court of First Instance of Civil, Traffic and Commercial Matters of the Metropolitan Area of Caracas on March 23, 2004, does hereby certify that the attached document has been submitted to him for translation, and that the following is a true English language version thereof :

Bolivarian Republic of Venezuela (Acronym) National Integrated Customs and Tax Administration Service People's Ministry for Economy and Finance RIF- (Unreadable)	(Barcode) No Proof: 201702S0000034430780
UNIQUE TAX IDENTIFICATION NUMBER (TIN)	
J410379979 Elizabeth Garden Group, C. A Tax Address: Av. Fermín Toros, Building Grupo Empresarial L.H. Floor 1, Office 2, Sector La Morera, San Juan de los Morros, Guárico, Zip Code 2301.	Registration Date: 09/26/2017 Last Updated Date: 04/25/2019 Expiration Date: 04/25/2022
Regional Management of Internal Tributes Region Los Llanos	3410379979-CWB (Signature authorized) (Barcode)
Condition: Ordinary VAT Taxpayer: This taxpayer's condition requires the withholding of 75% of the tax caused, unless it incurs the established assumptions for the withholding tax of 100% The validity of this Proof can be verified through the address <a href="http://www.seniat.gov.ve">www.seniat.gov.ve</a> online systems using the "Digital TIN Proof" option. No wet seal needed.	

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 Ft. Lauderdale, Florida, on September 4, 2020.

Alberto J. Rosales R.



N° COMPROBANTE: 201702S0000634130780

### REGISTRO ÚNICO DE INFORMACIÓN FISCAL (RIF)

**J410379979** ELIZABETH GARDEN GROUP, C.A

**FECHA DE INSCRIPCIÓN:** 20/09/2017

**DOMICILIO FISCAL** AV FERMIN TOROS EDIF GRUPO EMPRESARIAL LH PISO 1 OF 2  
SECTOR LA MORERA SAN JUAN DE LOS MORROS GUARICO ZONA POSTAL 2301

**FECHA DE ÚLTIMA ACTUALIZACIÓN:** 25/04/2019

**FECHA DE VENCIMIENTO:** 25/04/2022

**GERENCIA REGIONAL DE TRIBUTOS INTERNOS**  
**REGIÓN LOS LLANOS**

**3410379979-CWB**  
**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.

STATE OF FLORIDA  
COUNTY OF BROWARD

On this 04 day of September, 2020, I attest that the preceding or attached document is a true, exact, complete, and unaltered photocopy made by me of Tax Identification Number , presented to me by the document custodian, Alejandro Manrique, and, to the best of my knowledge, that the photocopied document is neither a public record nor a publicly recordable document, certified copies of which are available from an official source other than a notary public.



Alberto Rosales