

M/24000001616

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

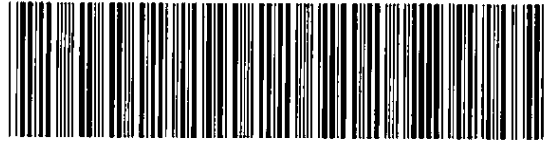
(Document Number)

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02/05/24--01018--005 **61.25



2023 DEC -1 AM 3:53

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DROGUERIA BARON PHARMA 1504 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:

LAURA ALEJANDRA POSE PORTOGALLO

Name of Person

DROGUERIA BARON PHARMA 1504 CA. LLC

Firm/Company

8796 SW 49TH CIRCLE

Address

OCALA, FL 34476

City/State and Zip Code

DROGUERIABARONPHARMA1504.ADM@HOTMAIL.COM

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

For further information concerning this matter, please call:

LAURA A POSE PORTOGALLO

786

343-6748

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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. DROGUERIA BARON PHARMA 1504 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. DISTRITO CAPITAL, MIRANDA, VENEZUELA
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

4. 01/25/2024
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 8796 SW 49TH CIRCLE
(Street Address of Principal Office)

6. 8796 SW 49TH CIRCLE
(Mailing Address)

OCALA, FL 34476
OCALA, FL 34476

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

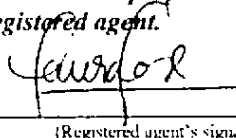
Name: LAURA ALEJANDRA POSE PORTOGALLO

Office Address: 8796 SW 49TH CIRCLE

OCALA, Florida 34476
(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)

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2023 DEC -1 AM 3:53
HALL COUNTY CLERK
TALLAHASSEE, FL

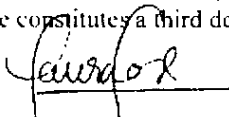
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Laura A Pose Portogallo</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>8796 SW 49TH CIRCLE</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>OCALA, FL 34476</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.

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

LAURA ALEJANDRA POSE PORTOGALLO

PROOF THAT THE COMPANY IS ACTIVE

ENGLISH & SPANISH

BOLIVARIAN REPUBLIC OF VENEZUELA

SENIAT

No VOUCHER: 202201Y0000058416933

SINGLE REGISTRY OF TAX INFORMATION (RIF)

J502644610 DROGUERIA BARÓN PHARMA 1504, C.A	REGISTRATION DATE:	08/31/2022
TAX RESIDENCE: AV PRINCIPAL BOLEITA NORTE EDIF INDUSTRIAL "VENEZUELA	LAST AUTHORIZATION DATE:	11/17/2022
PISO 3 APT UEB INDUSTRIAL BOLEITA CON FRENTE A LA CALLE	DUE DATE:	11/17/2025
VARGAS RIRI II Y CON FRENTE A LA CALLE E (SANATORIO) CARACAS MIRANDA		
POSTAL ZONE 1071		

REGIONAL MANAGEMENT OF INTERNAL TAXES
CAPITAL REGION

350264410-EWL
AUTHORIZED SIGNATURE

CODE QR

The condition of this taxpayer requires the withholding of 100% of the tax incurred, unless he is exempt, not subject or demonstrates to the VAT Withholding Agent that he is an exempt taxpayer.

The validity of this Proof must be verified through the address www.seniat.gob.ve, Online Systems through the 'Consultation' option. RIF Digital Receipt. No wet seal required.

Certification of translator's competence

I, Ana G Salinas hereby certify that the above is accurate English translation of the original in Spanish language, and that I am competent in both English and Spanish language, to render such translation.

Ana Salinas

Signature of the translator

Ana G Salinas 10191 W SAMPLE RD CORAL SPRINGS, FL 33065

Telephone (954) 274-8104

Date 11/07/2023



N° COMPROBANTE: 202201Y0000058416933

REGISTRO ÚNICO DE INFORMACIÓN FISCAL (RIF)

J502644610 DROGUERIA BARON PHARMA 1504, C.A

FECHA DE INSCRIPCIÓN: 31/08/2022

DOMICILIO FISCAL AV PRINCIPAL BOLEITA NORTE EDIF INDUSTRIAL "VENEZUELA"
PISO 3 APT 3, URB INDUSTRIAL BOLEITA NORTE, CON FRENTE A LA CALLE
VARGAS RIRI II Y CON FRENTE A LA CALLE E (SANATORIO) CARACAS MIRANDA
ZONA POSTAL 1071

FECHA DE ÚLTIMA ACTUALIZACIÓN: 17/11/2022

FECHA DE VENCIMIENTO: 17/11/2025

**GERENCIA REGIONAL DE TRIBUTOS INTERNOS
REGIÓN CAPITAL**

**3502644610-EWL
FIRMA AUTORIZADA**



La condición de este contribuyente requiere la retención del 100% del impuesto causado, salvo que esté exento, no sujeto o demuestre ante el Agente de Retención del IVA que es un contribuyente exonerado.

La validez de este Comprobante debe verificarse a través de la dirección www.seniat.gob.ve, Sistemas en Línea mediante la opción 'Consulta Comprobante Digital RIF'. No requiere sello húmedo.