

M2400001S180

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

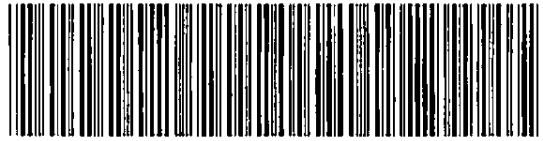
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W24000143022

Office Use Only



400437402464

11/07/24--11:27--0 94150112

RECEIVED

OCT 07 2024

FILED
2024 NOV 19 PM 4:32
SEC. OF STATE
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MARICAR LOGISTICS N.V., 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:

ELKE M DIAZ

Name of Person

BLANCK & COOPER, P.A.

Firm/Company

5730 SW 74 STREET, #700

Address

MIAMI, FLORIDA, 33143

City/State and Zip Code

elke@shiplawusa.com

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

For further information concerning this matter, please call:

ELKE M DIAZ

305 663-0177
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. MARICAR LOGISTICS N.V., 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. ARUBA
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(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. TOMATENSTRAAT 15
(Street Address of Principal Office)

6. TOMATENSTRAAT 15
(Mailing Address)

ORANJESTAD, ARUBA

ORANJESTAD, ARUBA

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

Name: BLANCK & COOPER, P.A.

Office Address: 5730 SW 74 STREET, #700

MIAMI, Florida 33143
(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)

FILED
2024 NOV 19 PM 4:32
CLERK OF STATE
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 checked="" type="checkbox"/> Manager	Name: <u>CLAUDIO MATA</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>TOMATENSTRAAT 15</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>ORANJESTAD, ARUBA</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

 CLAUDIO MATA

 Typed or printed name of signer



KAMER VAN KOOPHANDEL
EN NIJVERHEID ARUBA

CHAMBER OF COMMERCE AND INDUSTRY ARUBA
CAMARA DE COMERCIO E INDUSTRIA ARUBA
CAMARA DI COMERCIO Y INDUSTRIA ARUBA

Scan the QR code or manually validate the excerpt at
the URL below

<https://my.arubachamber.com/validatie/LV6GAA8>



Page 1 / 2

H40691.0

August 19, 2024

This document can be validated during 30 days and only if provided with a legitimate validation code. Via this validation code you can verify whether this extract is an original document. To validate the code and for further explanation, visit: www.arubachamber.com.

Appearing in the Trade Registry of the Chamber of Commerce and Industry in ARUBA since 24 March 2011 under serial number H40691.0 is the company with the short name:

COMPLETE LOGISTICS

Business address	TOMATENSTRAAT 15 , DAKOTA/POTRERO, ORANJESTAD OOST
Statutory name	MARICAR LOGISTICS N.V.
Statutory seat	ARUBA
Legal form	PUBLIC LIMITED CORPORATION
Date of incorporation	04 March 2011
Authorized capital	ARUBAN FLORINS 50,000.00
Issued capital	ARUBAN FLORINS 10,000.00
Paid up capital	ARUBAN FLORINS 0.00
Fiscal year	01-01 - 31-12

DIRECTORS - AUTHORIZED PERSONS AND CORPORATE BODIES - SUPERVISORY BOARD

MATA , CLAUDIO BERNABE

Born in	ARUBA, ARUBA on 11 June 1981
Nationality	DUTCH
Position	MANAGING DIRECTOR
Effective	22 March 2011
Authority	FULL

OBJECTIVE(S) OF THE COMPANY

1. TO PROVIDE FREIGHT SERVICES;
2. TO ACT AS A CUSTOMS AGENT.

The price of this document is Afl. 30,00



KAMER VAN KOOPHANDEL
EN NIJVERHEID ARUBA

CHAMBER OF COMMERCE AND INDUSTRY ARUBA
CAMARA DE COMERCIO E INDUSTRIA ARUBA
CAMARA DI COMERCIO Y INDUSTRIA ARUBA

Scan the QR code or manually validate the excerpt at
the URL below

<https://my.arubachamber.com/validatie/LV6GAA8>



Page 2 / 2

H40691.0

August 19, 2024

ARUBA CHAMBER OF COMMERCE AND INDUSTRY

Martijn Balkestein
Secretary