

FILED 0000003707

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

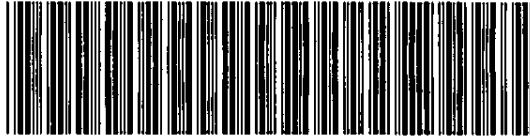
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



700289097227

08/17/16--01013--016 \*\*70.00

FILED  
16 AUG 17 PM 1:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations  
FABRICA DE HIELO GOTARDO MAX C.A. CORP.

**SUBJECT:** \_\_\_\_\_  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:  
RUBEN D. TORO

\_\_\_\_\_  
Name of Person  
RUBEN TORO P.A.

\_\_\_\_\_  
Firm/Company  
7901 KINGSPONTE PKWY STE. 31

\_\_\_\_\_  
Address  
ORLANDO FL 32819

\_\_\_\_\_  
City/State and Zip code  
rubencpa@bellsouth.net

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

For further information concerning this matter, please call:

RUBEN D. TORO                      407                      370-6445  
\_\_\_\_\_  
Name of Person                      Area Code                      Daytime Telephone Number

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

**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.*

FABRICA DE HIELO GOTARDO MAX,C.A. CORP.

1. \_\_\_\_\_  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)  
VENEZUELA

2. \_\_\_\_\_ 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)  
01/27/2016

4. \_\_\_\_\_ 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)  
08/01/2016

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  
3107 TOCOA CIR. KISSIMMEE FL 34746

7. \_\_\_\_\_  
(Principal office address)  
SAME  
\_\_\_\_\_  
(Current mailing address, if different)

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

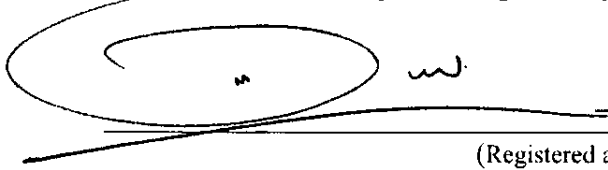
Name: MAXIMO ZAMBRANO

Office Address: 8089 CHILTON DR.  
ORLANDO FL 32836  
(City) , Florida (Zip code)

FILED  
16 AUG 17 PM 1:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

MAXIMO ZAMBRANO

Chairman: \_\_\_\_\_

8089 CHILTON DR.

Address: \_\_\_\_\_

ORLANDO FL 32836

OMIRA COVA DE ZAMBRANO

Vice Chairman: \_\_\_\_\_

8089 CHILTON DR.

Address: \_\_\_\_\_

ORLANDO FL 32836

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

MAXIMO ZAMBRANO

President: \_\_\_\_\_

8089 CHILTON DR.

Address: \_\_\_\_\_

ORLANDO FL 32836

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

OMIRA COVA DE ZAMBRANO

Secretary: \_\_\_\_\_

8089 CHILTON DR., ORLANDO FL 32836

Address: \_\_\_\_\_

MAXIMO ZAMBRANO

Treasurer: \_\_\_\_\_

8089 CHILTON DR., ORLANDO FL 32836

Address: \_\_\_\_\_

**NOTE:** (If necessary, you may attach an addendum to the application listing additional officers and/or directors.)

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.

Maximo Zambrano

13. \_\_\_\_\_

(Typed or printed name and capacity of person signing application)

FILED  
16 AUG 17 PM 1:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

P  
O  
R  
L  
A  
C  
O  
N  
S  
O  
L  
I  
D  
A  
C  
I  
O  
N  
D  
E  
N  
U  
E  
S  
T  
R  
O  
M  
U  
N  
I  
C  
I  
P  
O

REPÚBLICA BOLIVARIANA DE VENEZUELA  
ALCALDÍA DEL MUNICIPIO FRANCISCO LINARES ALCÁNTARA  
DIRECCIÓN DE HACIENDA  
SANTA RITA - ESTADO ARAGUA



LICENCIA R 00050

**SOBRE ACTIVIDADES ECONÓMICAS DE INDUSTRIA,  
COMERCIO, SERVICIO O DE INDOLE SIMILAR**

(FIJESE EN SITIO VISIBLE A LOS EFECTOS DE FISCALIZACIÓN)

**CONCEDIDA A:**

Firma Personal o Razón Social: FABRICA DE HIELO GOTARDO MAX, C.A.  
J-308513679

Denominación Comercial: FABRICA DE HIELO GOTARDO MAX, C.A.

Representante Legal: LUIS CONTRERAS Cédula: V-3.996.055

Dirección de la Empresa: AVENIDA VENEZUELA ENTRE PASAJE BOLIVAR Y CALLE Nº 124 SECTOR JOSÉ MARÍA GARCÍA  
PAEZ: SANTA RITA.

CODIGO	PARA EJERCER LAS ACTIVIDADES
<u>11313</u>	<u>FABRICACIÓN DE HIELO (EXCEPTO EL SECO).</u>

NO VALIDA PARA REALIZAR OPERACIONES DISTINTA A LA AQUI SEÑALADA

FECHA DE EXPEDICIÓN		
DIA	MES	AÑO
<u>09</u>	<u>07</u>	<u>2016</u>



FECHA DE VENCIMIENTO		
DIA	MES	AÑO
<u>09</u>	<u>07</u>	<u>2017</u>

FECHA DE ELABORACION: 30/05/2016

LCDO. DARWIN BALCAZAR

SECRETARY OF STATE  
HALLMARKS & FLORIDA

16 AUG 17 PM 1:44

FILED

**BOLIVARIAN REPUBLIC OF VENEZUELA  
MUNICIPALITY Francisco Linares Alcántara  
SECTION OF THE TREASURY  
SANTA RITA –ESTADO ARAGUA**

LICENSE R 00050

REGARDING ECONOMIC ACTIVITIES OF INDUSTRY, TRADE, SERVICES OR SIMILAR NATURE

**GRANTED TO:**

COROPRATE: **FABRICA DE HIELO GOTARDO MAX, C.A.**  
J-308513679

COMERCIAL DESIGNATION: **FABRICA DE HIELO GOTARDO MAX, C.A.**

LEGAL REPRESENTATIVE: **LUIS CONTRERAS** I.D.: V-3—996-055

COPORATE ADDRESS: **AVENIDA VENEZUELA BETWEEN PASAJE BOLIVAR AND 124 STREET JOSE ANTONIO PAEZ SECTOR, SANTA RITA.**

CODE	ACTIVITIES TO PRACTICE
11213	ICE MAKING
_____	_____
_____	_____
_____	_____

FILED  
16 AUG 17 PM 1:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

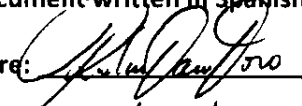
NOT VALID FOR OPERATIONS TO MAKE DIFFERENT HERE INDICATED

EXPEDITION DATE			EXPIRATION DATE		
DAY	MONTH	YEAR	DAY	MONTH	YEAR
09	07	2016	09	07	2017

ELABORATED DATE: 30/05/2016

**LCDO. DARWIN BALCAZAR**

This is a true translation of a document written in Spanish

Signature:   
Date: 08/10/2016

# ALCALDIA DEL MUNICIPIO

República Bolivariana de Venezuela  
Alcaldía del Municipio Francisco Inares Alcántara



Santa Rita - Estado Aragua  
**Dirección de Hacienda**  
SECRETARÍA

## CERTIFICADO DE SOLVENCIA

020437

Fecha de Expedición: 16/08/2017  
Fecha de Emisión: 16/08/2017  
Municipio: Santa Rita  
Dirección de Hacienda

FABRICA DE HIELO GOTARDO MAY S.A.

REPRESENTANTE LEGAL: LUIS ALFREDO GONZALEZ ESPINEL

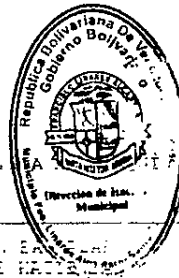
IDENTIFICACION: 9808118679 PERSONA: NATURAL JURADICA

ACTIVIDAD: INDUSTRIA DE LA ALIMENTACION  
Especialidad de rama: excepto el sector

DIRECCION: CARRETERA NACIONAL N. 105 E THE PARADISE ESCUELA CALLE N. 104 BOYER, 0386  
MUNICIPIO: SANTA RITA

DECLARACION DE LA INFORMACION SOLVENCIA

DECLARACION PARA DECLARAR INGRESOS BRUTOS



¡Por un Linares Bonito!

VALIDO SIN ENMIENDA

ORIGINAL - CONTRIBUYENTE

FRANCISCOLI  
NACIONAL  
LONDRA  
CANTARA

16 AUG 17 PM 1:44

FILED

Bolivarian Republic of Venezuela

Mayoralty Francisco Linares Alcántara

**CERTIFICATE SOLVENCY**

N 020437

EXPEDITION DATE 01/27/2016  
EXPIRATION DATE 12/31/2016  
LIQUIDATION#76130 ELAB.05/30/2016  
REGISTRATION# 20616

**SANTA RITA –ESTADO ARAGUA  
SECTION OF THE TREASURY**

GRANTED TO : **FABRICA DE HIELO GOTARDO MAX, C.A.**

LEGAL REPRESENTATIVE: LUIS ALFREDO CONTRERAS CORONEL

I.D.# J-308513679 CORPORATE

LICENSE # R 00050 CORPORATE ACTIVITY: ICE MAKING

ACTIVITY CODE : 11213

ADDRESS: AVENIDA VENEZUELA BETWEEN PASAJE BOLIVAR AND 124 STREET JOSE ANTONIO PAEZ  
SECTOR, SANTA RITA

PURPOSE OF THIS CERTIFICATE: ONLY TO DECLARE GROSS INCOME

NOT VALID FOR OPERATIONS TO MAKE DIFFERENT HERE INDICATED

LCDO. DARWIN BALTAZAR  
DIRECTOR TREASURY

This is a true translation of a document written in Spanish

Signature: 

Date: 08/10/2016

FILED  
16 AUG 17 PM 1:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA