

B14000000187

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

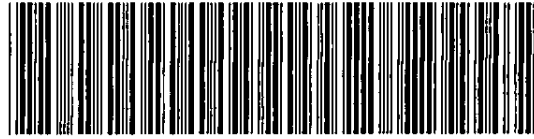
(Business Entity Name)

(Document Number)

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

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B14-187

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG -5 2014

N. CAUSSEaux

B14-187

COVER LETTER

**TQ:** Registration Section  
Division of Corporations

**SUBJECT:** World Supply Services Ltd.  
Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida.  
Please return all correspondence concerning this matter to:

**Alfredo Cabral**

Contact Person

**Cabral Accountants & Associates**

Firm/Company

**250 NE 25th Street, STE 1709**

Address

**Miami, Florida 33137**

City, State and Zip Code

**ac.cpa@live.com**

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

For further information concerning this matter, please call:

**Alfredo Cabral** at ( **305** ) **926-5724**  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)
- \$1,008.75 Filing Fees and Certificate of Status
- \$1,052.50 Filing Fees and Certified Copy
- \$1,061.25 Filing Fee, Certified Copy, and Certificate of Status

**STREET 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

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR  
LIMITED LIABILITY LIMITED PARTNERSHIP  
TO TRANSACT BUSINESS IN FLORIDA

1. World Supply Services Ltd.

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.

2. British Anguilla

State or Country of Formation

3. December 14, 2010

Date of Formation

4. Federal Employer Identification Number: 98-1187837

5. Name of Registered Agent for Service of Process and Florida Street Address:

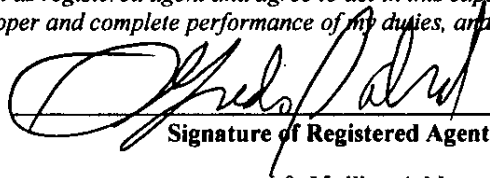
Alfredo Cabral

250 NE 25th Street, STE 1709

Miami, Florida 33137

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TALLAHASSEE, FLORIDA

6. 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.

  
Signature of Registered Agent

7. Principal Office:

250 NE 25th Street, STE 1709

Miami, Florida 33137

8. Mailing Address:

250 NE 25th Street, STE 1709

Miami, Florida 33137

9. If limited partnership is a limited liability limited partnership, check box .

10. Name, principal office address, and mailing address of each general partner:

Name of General Partner: Martha B. Flores Baez

Name of General Partner: Santiago M. Samper Quevedo

Street Address: Avenida Coruna No 27-36

Street Address: Avenida Coruna No 27-36

Quito, Ecuador

Quito, Ecuador

Mailing Address: 250 NE 25th Street, STE 1709

Mailing Address: 250 NE 25th Street, STE 1709

Miami, Florida 33137

Miami, Florida 33137

Name of General Partner: \_\_\_\_\_

Name of General Partner: \_\_\_\_\_

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

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

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

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

Name of General Partner: \_\_\_\_\_ Name of General Partner: \_\_\_\_\_

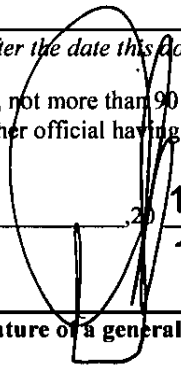
Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_

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

11. Effective date, if other than the date of filing: \_\_\_\_\_  
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 31st day of July, 2014

  
\_\_\_\_\_  
Signature of a general partner

The individual signing this document affirm that the facts stated herein are true and the individual 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.

|  |  |
|--|--|
| <b>Filing Fees:</b>                      | <b>\$1,000.00</b> (\$965 Filing Fee and \$35 Registered Agent Fee) |
| <b>Certified Copy (optional):</b>        | <b>\$52.50</b>   |
| <b>Certificate of Status (optional):</b> | <b>\$8.75</b>  |

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TALLAHASSEE, FLORIDA



# ANGUILLA

INTERNATIONAL BUSINESS COMPANIES ACT, 2000

(Section 127)

## CERTIFICATE OF GOOD STANDING

Company Number 2172917

I hereby certify that the company

**World Supply Services Ltd.**

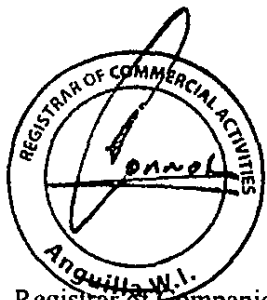
is in good standing having paid all fees due and payable.

I further certify that:

The company has not submitted to the Registrar articles of merger, consolidation or arrangement that have not yet become effective.

The company is not in the process of being wound up and dissolved.

No proceedings to strike the name of the company off the register have been instituted



Registrar of Companies

Dated this 25th day of April 2014

14 AUG -5 PM 12: 01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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