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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2016 SEP 28 PM 5:09  
STATE OF FLORIDA  
TALLAHASSEE

K. SALY  
SEP 30 2016

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** T.I.I. FINANCIAL Services Limited, INC.  
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:

Ileana NOA  
Name of Person  
Concorde Land Title Services Inc.  
Firm/Company  
134 S. Dixie Highway, Ste. 100  
Address  
Hallandale Beach, Florida 33009  
City/State and Zip code  
INOA@CONCORDELTS.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ileana NOA at (305) 356-8403  
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.

1. T.I.I. Financial Services Limited, Inc.

(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)

2. Panama (State or country under the law of which it is incorporated)

3. (FEI number, if applicable)

4. August 11, 1983 (Date of incorporation)

5. (Date of duration, if other than perpetual)

6. (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 18671 Collins Ave, Apt. 3002, Sunny Isles, FL 33160 (Principal office address)

(Current mailing address, if different)

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

Name: Elias Levy

Office Address: 18671 Collins Ave, Apt. 3002 Sunny Isles, Florida 33160 (City) (Zip code)

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.

X Elias Levy (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.

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2016 SEP 28 PM 5:05

DEPARTMENT OF STATE  
TALLAHASSEE FLORIDA

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

A. DIRECTORS

Chairman: Juan Felipe Karam Partida  
Address: c/o 18671 Collins Ave, Apt. 3002  
Sunny Isles, FL 33160

Vice Chairman: Marisol Karam Partida  
Address: c/o 18671 Collins Ave, Apt. 3002  
Sunny Isles, FL 33160

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

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

B. OFFICERS

President: Juan Felipe Karam Partida  
Address: c/o 18671 Collins Ave., Apt. 3002  
Sunny Isles, FL 33160

Vice President: Marisol Karam Partida  
Address: c/o 18671 Collins Ave., Apt. 3002  
Sunny Isles, FL 33160

Vice President Denisse Levy  
Address: 18671 Collins Ave., Apt. 3002  
Sunny Isles, FL 33160

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

13. Juan Felipe Karam Partida, Director/President  
(Typed or printed name and capacity of person signing application)

**AFFIDAVIT OF TRANSLATION**

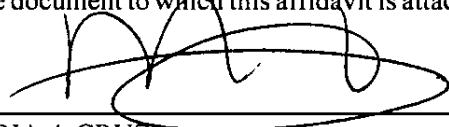
BEFORE ME, the undersigned authority, this day personally appeared MARIA A CRUZ, who, being by me first duly sworn, on oath deposes and says:

- 1. That affiant reads, writes and understands Spanish and English.
- 2. That the acknowledgment clause of the document to which this affidavit is attached is written in Spanish and, in English is translated as follows:

**COUNTRY OF PANAMA  
REGISTRY OF PANAMA  
REGISTRY NUMBER 66620**

- 2. Before me, EDUARDO ANTONIO ROBINSON ORELLANA, being the persons whose names appear in this document, giving certification of the companies Good standing status under the name of T.I.I. FINANCIAL SERVICES, FOLIO NUMBER 1154106 SINCE AUGUST 5<sup>TH</sup>, 1983.
- 3. That the English translation stated in Paragraph 2 above and Exhibit "A" attached is a true and correct translation of the acknowledgment clause of the document to which this affidavit is attached.

FURTHER AFFIANT SAYETH NOT.



MARIA A CRUZ  
134 S. Dixie Highway, #100  
Hallandale Beach, FL 33009

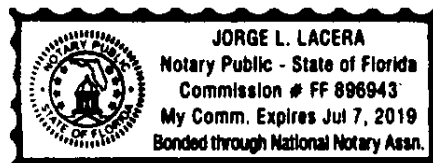
STATE OF FLORIDA  
COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this 27 day of September, 2016 by Maria A Cruz, who  is personally known to me or  produced EDU as identification.

  
Notary Public, State of Florida

My commission expires:

Jorge Lacera  
Print name of notary public



SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 SEP 28 PM 5:05

FILED

Exhibit "A"

FILED  
2016 SEP 28 PM 5:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Certificate of a Legal Person  
Overlooking the request  
421067/2016 (0) Date 09/19/2016

T.I.I. Financial Services Limited, Inc  
Type of Company: Unknown  
Registered in Folio Number 115106 as of Friday August 5, 1983  
The company is in effect and current

President: Juan Felipe Karam Partida  
Vice President: Carmen Alexandra Karam Partida  
Treasurer: Ana Josefina Karam Partida  
Secretary: Marisol Karam Partida  
Subscriber: Pablo Javier Espino  
Subscriber: Adelina Mercedes Chavarria De Estribi  
Manager: Carmen Alexandra Karam Partida  
Manager: Ana Josefina Karam Partida  
Manager: Cecilia Denisse Karam Partida  
Manager: Juan Felipe Karam Partida  
Manager: Marisol Karam Partida  
Resident Agent: Morgan & Morgan

Legal Representation shall be exercised:  
President

Description of the representation: The company representative is the President, in his/her absence or incapacity, the Vice President of the Company shall perform the duties. If there is more than one vice president, the person who has seniority would be the one in charge. If the vice president is not available than the treasurer would assume the responsibility of the company. If the treasurer is not available, responsibility would fall to the secretary of the company and if none of the above listed are available than the responsibility of the company would fall to one of its managers or assignees.

The net worth of the company is 10,000.00

The net worth shall be \$10,000.00 divided in 100 shares with each share being valued at \$100.00

Registered in Panama, District Panama, Providence Panama

Documents pending: No Documents pending



**Registro Público de Panamá**

No. 666720

FIRMADO POR: EDUARDO ANTONIO ROBINSON ORELLANA  
FECHA: 2016.09.19 17:40:14 -05:00  
MOTIVO: SOLICITUD DE PUBLICIDAD  
LOCALIZACION: PANAMA, PANAMA

Este documento ha sido firmado con firma electrónica calificada por EDUARDO ANTONIO ROBINSON ORELLANA



La autenticidad de este documento puede ser verificada en el Servicio Web de Verificación: <https://www.registro-publico.gob.pa>

**CERTIFICADO DE PERSONA JURÍDICA**

CON VISTA A LA SOLICITUD

421067/2016 (0) DE FECHA 19/09/2016

QUE LA SOCIEDAD

T.I.I. FINANCIAL SERVICES LIMITED, INC.  
TIPO DE SOCIEDAD: SOCIEDAD ANONIMA  
SE ENCUENTRA REGISTRADA EN (MERCANTIL) FOLIO Nº 115106 (S) DESDE EL VIERNES, 05 DE AGOSTO DE 1983  
- QUE LA SOCIEDAD SE ENCUENTRA VIGENTE

- QUE SUS CARGOS SON:  
PRESIDENTE: JUAN FELIPE KARAM PARTIDA  
VICEPRESIDENTE: CARMEN ALEXANDRA KARAM PARTIDA  
TESORERO: ANA JOSEFINA KARAM PARTIDA  
SECRETARIO: MARISOL KARAM PARTIDA  
SUSCRIPTOR: PABLO JAVIER ESPINO  
SUSCRIPTOR: ADELINA MERCEDES CHAVARRIA DE ESTRIBI  
DIRECTOR: CARMEN ALEXANDRA KARAM PARTIDA  
DIRECTOR: ANA JOSEFINA KARAM PARTIDA  
DIRECTOR: CECILIA DENISSE KARAM PARTIDA  
DIRECTOR: JUAN FELIPE KARAM PARTIDA  
DIRECTOR: MARISOL KARAM PARTIDA  
AGENTE RESIDENTE: MORGAN Y MORGAN

2016 SEP 28 PM 5:09  
FILED  
SECRETARIAT OF STATE  
PALLANHSSEL-FLORIDA

- QUE LA REPRESENTACIÓN LEGAL LA EJERCERÁ:  
PRESIDENTE  
DESCRIPCIÓN DE LA REPRESENTACIÓN: EL REPRESENTANTE DE LA SOCIEDAD ES EL PRESIDENTE PERO EN SU AUSENCIA O INCAPACIDAD PODRA SER REPRESENTADA POR EL VICEPRESIDENTE Y SI HAY MAS DE UNO POR ORDEN DE ANTIGÜEDAD Y A FALTA DEL VICEPRESIDENTE POR EL TESORERO Y A FALTA DE TODOS ELLOS EL SECRETARIO, PUDIENDO LA JUNTA DIRECTIVA CONFERIR LA REPRESENTACION A OTRO DIGNATARIO O PERSONA.

- QUE SU CAPITAL ES DE 10,000.00 DÓLARES AMERICANOS

- DETALLE DEL CAPITAL:  
EL CAPITAL SOCIAL SERA DE DIEZ MIL DOLARES (US\$10,000.00) DIVIDIDO EN 100 ACCIONES CON UN VALOR NOMINAL DE CIENTO DOLARES (US\$100.00) CADA UNA .LAS ACCIONES PODRAN SER EMITIDAS EN FORMA NOMINATIVAS O AL PORTADOR .

- QUE SU DURACIÓN ES PERPETUA  
- QUE SU DOMICILIO ES PANAMÁ , DISTRITO PANAMÁ, PROVINCIA PANAMÁ

**ENTRADAS PRESENTADAS QUE SE ENCUENTRAN EN PROCESO**

NO CONSTA PENDIENTES



Registro Público de Panamá

No. 666719

RÉGIMEN DE CUSTODIA: CONFORME A LA INFORMACIÓN QUE CONSTA INSCRITA EN ESTE REGISTRO, LA SOCIEDAD OBJETO DEL CERTIFICADO NO SE HA ACOGIDO AL RÉGIMEN DE CUSTODIA.

EXPEDIDO EN LA PROVINCIA DE PANAMÁ EL LUNES, 19 DE SEPTIEMBRE DE 2016A LAS 04:50 PM.

NOTA: ESTA CERTIFICACIÓN PAGÓ DERECHOS POR UN VALOR DE 30.00 BALBOAS

2016 SEP 28 PM 5:09  
FILED  
REGISTRO PÚBLICO DE PANAMÁ  
CALLE ESPAÑA 1596 PANAMÁ