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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

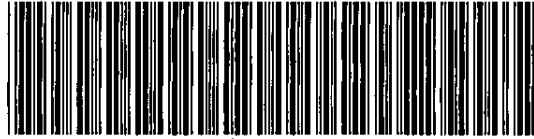
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 APR -3 AM 11:11

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WNRS, L.P.

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

Hernan Recalde

(Contact Person)

World Net Recovery Systems, Inc.

(Firm/Company)

3500 Mystic Pointe Dr., Tower 400 LPH-3

(Address)

Aventura, FL 33180

(City, State and Zip Code)

For further information concerning this matter, please call:

Hernan Recalde

(Name of Contact Person)

at (305) 937-5719

(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 Fees, 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

CR2E030 (01/06)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF LIMITED PARTNERSHIP
FOR
FLORIDA LIMITED PARTNERSHIP
OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. WNRS, L.P.

(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.*

2. 3500 Mystic Pointe Dr., Tower 400, LPH-3

(Street address of initial designated office)

Aventura, FL 33180

3. Hernan Recalde

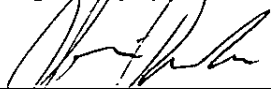
(Name of Registered Agent for Service of Process)

4. 3500 Mystic Pointe Dr., Tower 400, LPH-3

(Florida street address for Registered Agent)

Aventura, FL 33180

5. *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

6. 3500 Mystic Pointe Dr., Tower 400 LPH-3,

(Mailing address of initial designated office)

Aventura, FL 33180

7. If limited partnership elects to be a limited liability limited partnership, check box ☒

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8. Name and business address of each general partner:

Name:

Business Address:

World-Net Recovery Systems

3500 Mystic Pointe Drive

(WNRS)

Tower 400, LPH-3

996-27928

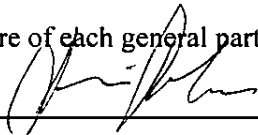
Aventura, FL 33180

9. Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)

Signed this 27th day of March, 2007.

Signature of each general partner:



President, WNRS Inc.

on behalf of WNRS, Inc

Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent fee)

\$52.50

\$8.75

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