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FLORIDA/FOREIGN LP/LLP

Alsis Latin America Fund US, L.P.

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Help

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

1. Alsis Latin America Fund US, 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 L.L.L.P.

(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. Delaware

(State or Country of Formation)

3. 05/08/2007

(Date of Formation)

4. _____

Xavier Gonzalez-Santillan
(Name of Registered Agent for Service of Process)

5. _____

Espiritu Santo Plaza, 1395 Brickell Avenue, Suite 800
(Florida street address for Registered Agent)

Miami, Florida 33131

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.

Xavier Gonzalez-Santillan

By: _____

Signature of Registered Agent

7. Espiritu Santo Plaza, 1395 Brickell Avenue, Suite 800

(Principal office address)

Miami, Florida 33131

8. If limited partnership is a limited liability limited partnership, check box ☐

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9. Espiritu Santo Plaza, 1395 Brickell Avenue, Suite 800
(Mailing address)

Miami, Florida 33131

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

Alsis Latin America Fund GP, L.P.
(Name)

Espiritu Santo Plaza 1395 Brickell Avenue Suite 800
(Street Address)
Miami, Florida 33131

807-190

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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_____ (Name)	_____ (Street Address)
_____	_____
_____	_____ (Mailing Address)
_____	_____
_____ (Name)	_____ (Street 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 15th day of June, 20 07

Signature of a general partner:



Alsis Latin America Fund US GP, L.P.

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALSIS LATIN AMERICA FUND US, LP" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF JUNE, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

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TALLAHASSEE, FLORIDA

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Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State
AUTHENTICATION: 5763357

DATE: 06-15-07