

B24000000315

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

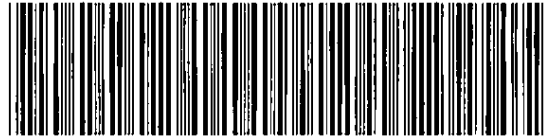
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

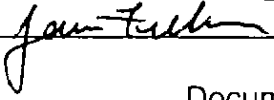
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OCT 09 2024

K. Brumley

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-54372  
(850) 524-6243

Please use funds from the account I20210000160: \$1008.75

Authorization Signature: 

EL Pangu Investments LP

Business

Document #

     Walk in

     Will wait

     Certified Copies of the Articles of Organization

     Certificate of Status

### **NEW FILINGS**

     Profit

     Not for Profit

  X   LP

     Domestication

     INC

     CORP

     OTHER

### **AMENDMENTS**

     Amendment

     Resignation of R.A. Officer/Director

     Change of Registered Agent

     Dissolution/Withdrawal

     Conversion

     Statement of Correction.

     Merger

### **OTHER FILINGS**

     Annual Report

     Fictitious Name

     Statement of Authority

     APOSTIL                     

**COUNTRY**

### **REGISTRATION/QUALIFICATIONS**

     Foreign Filing

     Partnership

     Reinstatement

     CORRECTION for a Foreign LLC

     Domestication of a Foreign Corp.

                               Other

**EXAMINER'S INITIALS:**

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** EL PANGUE INVESTMENTS LP

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:

BEN REYES

Contact Person

CBS FINANCIAL CPA

Firm/Company

6075 W COMMERCIAL BLVD

Address

TAMARAC, FL 33319

City, State and Zip Code

BEN@CBSFINANCIALCPA.COM

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

For further information concerning this matter, please call:

BEN REYES

at ( 954 ) 724-4141

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$1,000.00 Filing Fee<br>( \$965 Filing Fee and<br>\$35 Registered Agent<br>Fee ) | <input checked="" type="checkbox"/> \$1,008.75 Filing Fees<br>and Certificate of<br>Status | <input type="checkbox"/> \$1,052.50 Filing Fees<br>and Certified Copy | <input type="checkbox"/> \$1,061.25 Filing Fee,<br>Certified Copy, and<br>Certificate of Status |
|--|--|---|---|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

1. EL PANGUE INVESTMENTS LP

(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. CANADA

State or Country of Formation

3. 11/07/2023

Date of Formation

4. Federal Employer Identification Number 98-1780252

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

CBS FINANCIAL CPA

6075 W COMMERCIAL BLVD

TAMARAC, FL, 33319

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:

45B WEST WILMOT ST.201

RICHMOND HILL, ONTARIO.

CANADA, L4B2P3

8. Mailing Address:

6075 W COMMERCIAL BLVD

TAMARAC, FL, 33319

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: FELIPE ALBERTO MONARDEZ

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

Street Address: VIA AURORA 9696, CASA A,

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

SANTIAGO, VITACURA, CHILE

Mailing Address: 6075 W COMMERCIAL BLVD

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

TAMARAC, FL, 33319

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

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

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

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

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

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

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

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

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

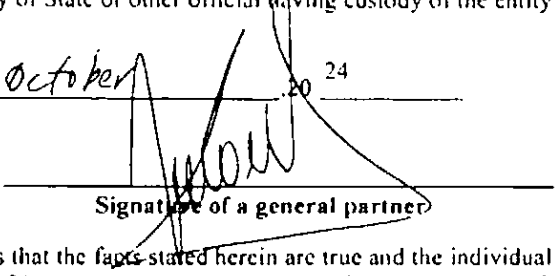
11. Effective date, if other than the date of filing: \_\_\_\_\_

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

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 18 day of October, 2024

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

The individual signing this document affirms 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.

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

## Declaration of an Ontario Limited Partnership

Limited Partnerships Act

## Déclaration d'une société en commandite de l'Ontario

Loi sur les sociétés en commandite

**EL PANGUE INVESTMENTS LP**

Firm Name / Raison sociale

**1000702616**

Business Identification Number / Numéro d'identification d'entreprise

This is to certify that the above named limited partnership declaration has been filed under the laws of the Province of Ontario.

La présente vise à attester que la déclaration de la raison sociale de la société en commandite citée ci-dessus a été déposée conformément aux règles de droit de la province de l'Ontario.

Declaration Date: November 08, 2023

Date de déclaration: 08 novembre 2023

Expiry Date: November 07, 2028

Date d'expiration: 07 novembre 2028

*V. Quintanilla W.*

Registrar / Registrateur

Limited Partnerships Act / Loi sur les sociétés en commandite

This certificate is not complete without the Declaration Information.

Certified a true copy of the record of the  
Ministry of Public and Business Service Delivery.

*V. Quintanilla W.*

Director/Registrar



Le présent certificat n'est pas complet sans les renseignements afférents à la déclaration.

Copie certifiée conforme du dossier du  
ministère des Services au public et aux  
entreprises.

*V. Quintanilla W.*

Directeur ou registrateur