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### TRANSMITTAL LETTER

**TO:** Registration Section Division of Corporations

For Further information concerning this matter, please call:

SUBJECT: Feliffe Hypolite Financial Services (Name of Foreign Limited Liability Company)	himited
Please return all correspondence concerning this matter to the following:	
BERNES IA L. Clarke (Name of Person)	
3470 Pinewalk Drue M, Ste 422 (Address)	
Mercate FI 33063 (City/State and Zip Code)	<del></del> .

Bernes ia h. Cleur Fe at (954) 341 9559 (Antea Codie & Daytime Telephone Number)



#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

January 29, 2004

BERNESIA L. CLARKE 3450 PINEWALK DRIVE N, STE 422 MARGATE, FL 33063

SUBJECT: ECLIFFE HYPOLITE FINANCIAL SERVICES LIMITED

Ref. Number: W0400003809

We have received your document for ECLIFFE HYPOLITE FINANCIAL SERVICES LIMITED and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report/uniform business report fees due this office.)

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Letter Number: 804A00005813

Michelle Hodges Document Specialist

Division of Corporations - P.O. ROX 6327 - Tallahassee Florida 32314

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Ecliffe Hypolite Financial Se	rvices Limited Company
	(Name of foreign limited liability company)
2. TRINIDAD AND TOBAGO (Jurisdiction under the law of which for company is organized	reign limited liability (FEI number, if applicable)
4. December, 30th 2003 (Date of Organization)	5. "PER PETUAL"  (Duration: Year limited liability company will cease to exist or "perpetual")
5(Date first transacted by	Ipon Qualification" usiness in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)
7. 3450 Pinewalk Drive N, Ste	422
Margate, FL 33063	(Street address of principal office)
3. If limited liability company is a	(Street address of principal office)  manager-managed company, check here  Iddresses of the managing members or managers are as follows:  Light Pole #19 St. Barbs Road, Belmont, Trinidad  181 Vineyard Street, Carenage, Trinidad
9. The name and usual business ad	Idresses of the managing members or managers are as follows:
Ecliffe Francis Hypolite	Light Pole #19 St. Barbs Road, Belmont, Trinidad
Victoria Cummings	181 Vineyard Street, Carenage, Trinidad
Harold Bethelmy	3 Suhkram Street, Ojoa Road, Sangre Grande, Trinidad
the jurisdiction under the law of which translation of the certificate under oath	stence, no more than 90 days old, duly authenticated by the official having custody of records it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a of the translator must be submitted.)  to be conducted or promoted in Florida: ANY AND ALL LAWFUL
	to be conducted of profitoted in Florida.
	a member or an authorized representative of a member.

**ECLIFFE FRANCIS HYPOLITE** 

Typed or printed name of signee

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

E	CLIFFE HYPOLITE FINANCIAL SERVICES LIMITED Company
2.	The name and the Florida street address of the registered agent and office are:

	(Name)
3450 PINEWALK D	RIVE N, STE 422
Florida stree	address (P.O. Box NOT ACCEPTABLE)
MARGATE,	FI 33063

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

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Certificate issued: 30th December, 2003

E 1248(95)

Company No.

THE COMPANIES ACT, 1995

## CERTIFICATE OF INCORPORATION

ECLIFFE HYPOLITE FINANCIAL SERVICES LIMITED

Name of Company

I hereby certify that the above-mentioned Company, the Articles of Incorporation of which are attached, was incorporated under the Companies Act, 1995 of Trinidad and Tobago.

3 0 DEC 2003

Registrar of Companies

7th March, 2001

Date of Incorporation