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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TopExperiencesEC L.L.C

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Fausto Andrade

Name of Person

TopExperiencesEC L.L.C

Firm/Company

Baron de Carondelet st. 250, BLD Torre Cristal, Office 26

Address

Quito / Ecuador / 170521

City/State and Zip Code

gerencia@topexperiences.ec

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

For further information concerning this matter, please call:

Fausto Andrade

593

980588429

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. TopExperiencesEC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
TopExperiences Ecuador
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")
2. Ecuador 3. n/a
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. Baron de Carondelet st. 250 6. gerencia@topexperiences.ec
(Street Address of Principal Office) (Mailing Address)
Torre Cristal Building Office 26
Quito - Ecuador

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

Name: Your Capital Connection, Inc.
Office Address: 417 E Virginia St Ste I
Tallahassee, Florida 32301
(City) (Zip code)

Registered agent's acceptance:

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 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.

(Registered agent's signature)

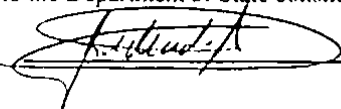
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>M.Sc. MGR</u>	<u>Fausto Andrade</u> <u>Baron de Carondelet st. 250</u> <u>Quito - Ecuador</u>		
<u>Commercial</u> <u>Mr. RCP</u>	<u>Gabriel Ayala</u> <u>Baron de Carondelet st. 250</u> <u>Quito - Ecuador</u>		

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.



Signature of an authorized person

Fausto Andrade

Typed or printed name of signee

REPÚBLICA DEL ECUADOR

SUPERINTENDENCIA DE COMPAÑÍAS, VALORES Y SEGUROS

CERTIFICADO DE CUMPLIMIENTO DE OBLIGACIONES Y EXISTENCIA LEGAL



DENOMINACIÓN DE LA COMPAÑÍA:

ANDRADE BENAVIDES PROMOCIÓN TURÍSTICA TOPEXPERIENCESEC CIA.LTDA.

SECTOR:

SOCIETARIO



MERCADO DE VALORES



SEGUROS



NÚMERO DE EXPEDIENTE:

306749

DOMICILIO:

QUITO

RUC:

1792753910001

REPRESENTANTE(S) LEGAL(ES):

ANDRADE BENAVIDES FAUSTO SANTIAGO;

CAPITAL SOCIAL:

\$ 400.0000

SITUACIÓN ACTUAL:

ACTIVA

LA COMPAÑÍA TIENE ACTUAL EXISTENCIA JURÍDICA Y SU PLAZO SOCIAL CONCLUYE EL:

28/04/2037

CUMPLIMIENTO DE OBLIGACIONES:

SI

HA CUMPLIDO

Siendo responsabilidad del Representante Legal la veracidad de la información remitida a esta Institución, la Superintendencia de Compañías, Valores y Seguros certifica que, a la fecha de emisión del presente certificado, esta compañía ha cumplido con sus obligaciones.

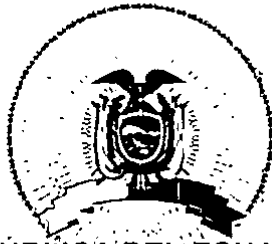
FECHA DE EMISIÓN:

17/10/2017 12:02:51

obligación de la persona o servidor público que recibe este documento validar su autenticidad ingresando al portal web www.supercias.gob.ec/portalinformacion/verifica.php con el siguiente código de seguridad:



074W4000700



REPÚBLICA DEL ECUADOR

APOSTILLE

(Convention de La Haye du 5 octobre 1961)

1. País:
Country:

ECUADOR

El presente documento público
This public document

2. Ha sido suscrito por:
Has been signed by: **ROMULO JOSELITO PALLO QUISILEMA**
3. Actuando en su calidad de:
Acting in the capacity of: **NOTARIA CUARTA DEL CANTON QUITO**
4. Llevando el sello/timbre de:
Bears the seal/stamp of: **NOTARIO CUARTO CANTON QUITO**

Certificado
Certified

5. En: **QUITO**
At:
6. El: **23 Octubre 2017**
Date:
7. Por: **CHRISTIAN PATRICIO CRUZ MEDINA**
By: **COORDINADOR ZONAL 9 (E).**
UNIDAD DE LEGALIZACIONES

8. N°: **4483618** **APOSTI 4483618, 4483619**
N°:
9. Sello/Timbre:
Seal/Stamp:
10. Firma:
Signature: 

USD 10 USD 10 USD 10 USD 10 USD 10 USD 10 USD 10 USD 10 USD 10 USD 10 USD

4483619

APOSTILLA

Tercera edad: exoneración del 50% por disposición del artículo 4 del
Decreto Ejecutivo N° 1177 de 30 de mayo de 2012

USD 10 USD 10 USD 10 USD 10 USD 10 USD 10 USD 10 USD 10 USD 10 USD 10 USD

\$20.00



Ministerio
de Relaciones Exteriores
y Movilidad Humana

AP<<3474>> <<QUITO>> <<4483618, 4483619>>
<http://sicof.mmrree.gob.ec/RegistroElectronico/e-register.aspx>



SUPERINTENDENCIA
DE COMPAÑÍAS, VALORES Y SEGUROS

REPÚBLICA DEL ECUADOR

SUPERINTENDENCIA DE COMPAÑÍAS, VALORES Y SEGUROS

CERTIFICADO DE CUMPLIMIENTO DE OBLIGACIONES Y EXISTENCIA LEGAL

DENOMINACIÓN DE LA COMPAÑÍA:

ANDRADE BENAVIDES PROMOCIÓN TURÍSTICA TOPEXPERIENCESEC CIA.LTDA.

SECTOR:

SOCIETARIO



MERCADO DE VALORES



SEGUROS



NÚMERO DE EXPEDIENTE:

306749

DOMICILIO:

QUITO

RUC:

1792753910001

REPRESENTANTE(S) LEGAL(ES):

ANDRADE BENAVIDES FAUSTO SANTIAGO.

CAPITAL SOCIAL:

\$ 400.0000

SITUACIÓN ACTUAL:

ACTIVA

LA COMPAÑÍA TIENE ACTUAL EXISTENCIA JURÍDICA Y SU PLAZO SOCIAL CONCLUYE EL:

28/04/2037

CUMPLIMIENTO DE OBLIGACIONES:

SI

HA CUMPLIDO

Siendo responsabilidad del Representante Legal la veracidad de la información remitida a esta Institución, la Superintendencia de Compañías, Valores y Seguros certifica que, a la fecha de emisión del presente certificado, esta compañía ha cumplido con sus obligaciones.

FECHA DE EMISIÓN:

17/10/2017 12:02:51

La obligación de la persona o servidor público que recibe este documento validar su autenticidad ingresando al portal web www.supercias.gob.ec/portalinformacion/verifica.php con el siguiente código de seguridad:



CZ4W4088736

REPUBLIC OF ECUADOR

SUPERINTENDENCE OF CORPORATIONS, STOCKS AND INSURANCES

CERTIFICATE OF COMPLIANCE OF OBLIGATIONS AND LEGAL EXISTENCE

COMPANY NAME:	ANDRADE BENAVIDES PROMOCIÓN TURISTICA TOPEXPERIENCESEC CIA. LTDA		
SECTOR:	CORPORATE ☒	STOCK MARKET ☐	INSURANCE ☐
FILE NUMBER:	306749	DOMICILED IN:	QUITO
RUC*:	1792753910001		
LEGAL REPRESENTATIVE:	ANDRADE BENAVIDES FAUSTO SANTIAGO		
SOCIAL CAPITAL:	\$400,00	CURRENT STATUS:	ACTIVE
THE COMPANY HAS CURRENT LEGAL EXISTENCE AND ITS SOCIAL DUE DATE IS:		28/04/2037	
HAS THE COMPANY COMPLIED WITH ITS OBLIGATIONS?	YES		

Being the responsibility of the legal representative to provide truthful information to this Institution, the Superintendence of Corporations, Stocks and Insurances hereby certifies that, as of the date of issue of this certificate, the company mentioned above has complied with its obligations.

Date of issue: 17 / 10 /2017 12:02:51

The person or public servant who receives this document is liable for validating its authenticity by entering the web site www.supercias.gob.ec/portalinformacion/verifica.php with the following security code:

(Bar Code)
CZ4W4088736

Translator's note:

* RUC is the acronym in Spanish for *Registro Único de Contribuyentes*, Contributors Unique Registration Number, which is equivalent to the Taxpayer Identification Number (TIN) in the United States.

I hereby CERTIFY that I am fluent in both English and Spanish and that I have translated this document to the best of my knowledge. I also certify that this is a faithful translation of the original document in Spanish: (October 18, 2017)

MARLON OVANDO, MSc.
I.D.: 1706692702 - TRANSLATOR
doctranslator@gmail.com