

Division of Corporations

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.  
Account Number : 120000000146  
Phone : (305)444-4994  
Fax Number : (305)444-4977

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Email Address: \_\_\_\_\_

18 FEB -6 AM 11:00

Foreign Limited Liability Company  
WILSON WORKOVER CA, LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 1        |
| Page Count            | 03       |
| Estimated Charge      | \$155.00 |

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# 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. WILSON WORKOVER CA, LLC  
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. VENEZUELA  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_  
(FEI number, if applicable)

4. UPON QUALIFICATION  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1000 PONCE DE LEON BLVD  
(Street Address of Principal Office)

6. (SAME)  
(Mailing Address)

STE: 105

CORAL GABLES, FL 33134

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

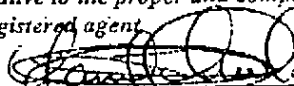
Name: EXPRESS CORPORATE FILING SERVICE, INC.

Office Address: 1000 PONCE DE LEON BLVD STE: 105

CORAL GABLES, Florida 33134  
(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)

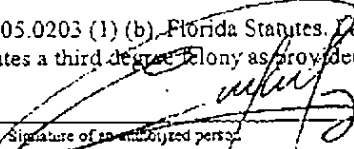
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

| Title or Capacity: | Name and Address:                                                        | Title or Capacity: | Name and Address: |
|--------------------|--------------------------------------------------------------------------|--------------------|-------------------|
| MGR                | EDISON MENDOZA<br>1000 Ponce De leon Blvd #10:<br>Coral Gables, FL 33134 |                    |                   |
|                    |                                                                          |                    |                   |
|                    |                                                                          |                    |                   |

(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)

EDISON MENDOZA

Typed or printed name of signer

**BOLIVIAN REPUBLIC OF VENEZUELA**

**\*\*\*MINISTRY OF POPULAR POWER FOR INTERIOR RELATIONS AND JUSTICE\*\*\***

AUTONOMOUS SERVICE OF RECORDS AND  
NOTARIES.  
SECOND COMMERCIAL REGISTER OF THE  
STATE ZULIA

RM No. 484  
207° y 158°

ATTORNEY: ANGELICA MAS Y RUBI, MERCANTIL REGISTRAR

**CERTIFIES**

That the Registry of Commerce transcribed below, whose original is registered and in good standing:  
2-A SECOND COMMERCIAL REGISTER OF THE STATE ZULIA. Number: 48 of the year 2018, as well as the  
Participation, Note and Document which are copied immediately are faithful transfer of their originals,  
which are of the following:

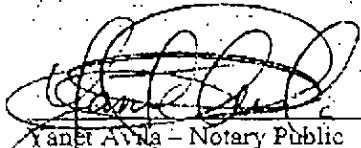
**17226**

This folio belongs to:

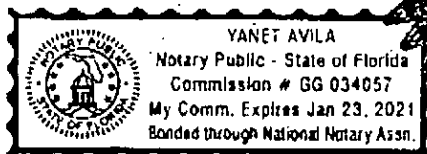
Wilson Workover, C.A  
file number: 17226

STATE OF FLORIDA  
COUNTY OF MIAMI-DADE

On this 22 day of January, 2018, I attest that the preceding or attached document is a true, exact,  
complete, and unaltered photocopy made by me of Venezuelan Certificate of Status presented to me by  
the document's custodian, Edison Mendoza, and, to the best of my knowledge, that the photocopied  
document is neither a public record nor a publicly recordable document, certified copies of which are  
available from an official source other than a notary public.

  
Yanet Avila - Notary Public

Seal/Stamp:





**REPÚBLICA BOLIVARIANA DE VENEZUELA**

\*\*\* MINISTERIO DEL PODER POPULAR PARA RELACIONES INTERIORES Y JUSTICIA \*\*\*

SERVICIO AUTÓNOMO DE REGISTROS Y  
NOTARÍAS.  
REGISTRO MERCANTIL SEGUNDO DEL  
ESTADO ZULIA



RM No. 484  
207° y 158°

ABOGADO. ANGÉLICA MAS Y RUBI, REGISTRADOR MERCANTIL

**C E R T I F I C A**

Que el asiento de Registro de Comercio transcrito a continuación, cuyo original está inscrito en el Tomo: 2-A REGISTRO MERCANTIL SEGUNDO DEL ESTADO ZULIA. Número: 48 del año 2018, así como La Participación, Nota y Documento que se copian de seguida son traslado fiel de sus originales, los cuales son del tenor siguiente:

**17226**

ESTE FOLIO PERTENECE A:  
**WILSON WORKOVER, C.A**  
Número de expediente: 17226