118000001978

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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02/09/18--01017--009 **130.00

J. HARRIS

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT:	WORLD PA	ARTNI	ERS HOLD	INGS, LL	C	
	Name of I	Limite	d Liability (Сотралу	· · · · · · · · · · · · · · · · · · ·	
The enclosed "Application by Fore Existence, and check are submitted	eign Limited Liability Comp I to register the above refere	any fo	r Authoriza oreign limit	tion to Tra ed liability	insact Business in Florida," C company to transact busine	Certificate of ss in Florida.
Please return all correspondence co	oncerning this matter to the	follow	ing:			
	BRUCE I	ELLIO	TT, PRESII	DENT		
	N	ame of	Person			
	WORL	D PAR	TNERS, IN	C.		
	Fi	rm/Co	mpany			
	1536 GR	ASSY	RIDGE LA	NE		
		Addı	ess			
	APC	PKA.	FL 32712			
-	City/S	tate an	d Zip Code			
	polin	ter IO@	gmail.com			
	E-mail address: (to be used	for fu	ture annual	report not	ification)	
For further information concerning	this matter, please call:					
Br	uce Elliott	at (407		497-1684	
Name of	Contact Person	_	Arca Code	Day	time Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314				Division of Registrati Clifton Bo 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301	
Enclosed is a check for the following S125.00 Filing Fee	ng amount: \$\mathbb{S}\$130.00 Filing Fee & Certificate of Status		55.00 Filin ified Copy	g Fee &	☐ \$160.00 Filing Fee. Cert of Status & Certified Copy	



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 12, 2018

BRUCE ELLIOTT 1536 GRASSY RIDGE LANE APOPKA, FL 32712 FEB 2 6 Zuid

SUBJECT: WORLD PARTNERS HOLDINGS, LLC

Ref. Number: W18000014114

We have received your document for WORLD PARTNERS HOLDINGS, LLC and your check(s) totaling \$130.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 718A00002964



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

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

(Name of Foreign Limited Liability Company: must include "Limited Liability Company." "L.L.C." or "LLC") I name unavailable, cater alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company." "L.L.C." or "LLC") DELAWARE: 3. 26-0305873 (Introduction under the law of which foreign limited liability company is organized) N/A (Date first transacted business in Florida, if prior to registration.) (See sections 603 90904 & 005,0905, F.S. to determine penalty liability) 1536 Grassy Ridge Lane, Apopka, F.L. 32712 (Street Address of Principal Office) Name: Bruce E. Elliott 1536 Grassy Ridge Lane Apupka (Cny) Registered agent's acceptance: Inving been named as registered agent and to accept service of process for the above stated limited liability esignated in this application. I hereby accept the appointment as registered agent and agree to act in this concomply with the provisions of all statutes relative to the proper and complete performance of my duties, a and accept the obligations of my position as registered agent. Bruce E. Elliott (Registered agent's signature) 3. Title or Capacity: Name and Address: Name and Address: Title or Capacity: Name Apopka, FL. 32712	nilable, crace alternate name adopt DELA		S HOLDINGS,	LLC	
(Juradaction under the law of which foreign lumined habitity, company is organized) (Date first transacted business in Florida, if prior to registration.) (Date first transacted business in Florida, if prior to registration.) (See vections 60) 9004 & 605,0905, F.S. to determine penalty habitity) 1536 Grassy Ridge Lane. Apopka, FL 32712 (Sirect Address of Principal Office) (Sirect Address of Principal Office) (Sirect Address of Principal Office) Name: Office Address: 1536 Grassy Ridge Lane	DELA	Liability Company; must include "Limite	d Liability Compar	ny,""L.L.C.," or "LLC":)
N/A (Date first transacted business in Florida, if prior to registration.) (See sections 605 0004 & 605,0005, F.S. to determine penalty hability) 1536 Grassy Ridge Lane, Apopka, FI, 32712 (Street Address of Principal Office) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: Apopka Apopka Florida (City)	thon under the law of which foreig	DELAWARE			05873
(Date first transacted business in Flonda, if prior to registration.) (See sections 605 0904 & 605,0905, F.S. to determine penalty liability) 1536 Grassy Ridge Lane, Apopka, FL 32712 (Street Address of Principal Office) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: Apopka		n landed liability company is organized)	<u> </u>	(FEI num	ber, if applicable)
Name and street address of Principal Office) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: 1536 Grassy Ridge Lane					
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: Apopka Apopka (Cay) (
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: Apopka Apopka Is36 Grassy Ridge Lane (Cny) (Cny)	Grassy Ridge Lane, Apo	opka, FL 32712	6. Same a	as Principal Office	
Name: Office Address: 1536 Grassy Ridge Lane	(Street Address of Principal C	ffice)		(Mailing Add	tress)
Name: Office Address: 1536 Grassy Ridge Lane					5 <u> №</u> 5
Name: Office Address: Apopka					
Office Address: Apopka Store	and street address of Flo	orida registered agent: (P.O. Box	NOT acceptab	ole)	
Office Address: Apopka Florida 32712 (Zip code)	Name: Bruc	e E. Elliott			
Apopka [City] [City]	1536	Grassy Ridge Lane	-		
gistered agent's acceptance: Iving been named as registered agent and to accept service of process for the above stated limited liability signated in this application. I hereby accept the appointment as registered agent and agree to act in this accomply with the provisions of all statutes relative to the proper and complete performance of my duties, and accept the obligations of my position as registered agent. Bruce E. Elliott (Registered agent's signature) The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Managing Member Bruce Elliott 1536 Grassy Ridge Lane	Office Address:	Crussy Ringe Same			:
gistered agent's acceptance: Iving been named as registered agent and to accept service of process for the above stated limited liability signated in this application, I hereby accept the appointment as registered agent and agree to act in this accomply with the provisions of all statutes relative to the proper and complete performance of my duties, and accept the obligations of my position as registered agent. Bruce E. Elliott (Required agent's signature) The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Mame and Address: Title or Capacity: Name Bruce Elliott 1536 Grassy Ridge Lane	Арог			, Florida <u>32712</u>	
The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Managing Member Bruce Elliott Name and Address: Bruce Elliott Title or Capacity: Bruce Elliott Title or Capacity: Bruce Elliott Name and Address: Bruce Elliott Title or Capacity: Bruce Elliott Title or Capacity: Bruce Elliott Title or Capacity: Name and Address: Bruce Elliott Title or Capacity: Name and Address: Bruce Elliott		(City)		(Zip cod	ke) / / /
The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Managing Member Bruce Elliott 1536 Grassy Ridge Lane		Brace E. E.			
Title or Capacity: Name and Address: Title or Capacity: Name Managing Member Bruce Elliott 1536 Grassy Ridge Lane	ame, title or capacity an	-	•	v to manage is/are:	
1536 Grassy Ridge Lane					Name and Address:
	aging Member	Bruce Elliott			
			- -		
Member Khoa Tran	iber	Khoa Tran			
6012 Roseate Spoonbill Dr. Windermere, FL 34786			-		
Use attachments if necessary)			_		
Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having cus isdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the translator must be submitted)	chments if necessary)				
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any omitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.15.	ed is a certificate of exison under the law of which				
- //we / W/W	ed is a certificate of exist on under the law of which islator must be submitted document is executed in	d) accordance with section 605.0203			
Commentation of the anthropical reservoir	ed is a certificate of exist on under the law of which islator must be submitted document is executed in	d) accordance with section 605.0203 cpartment of State constitutes a thi	rd degree felon	y as provided for in	
Signature of all authorized person Bruce Elliott	ed is a certificate of exist on under the law of which islator must be submitted document is executed in	d) accordance with section 605.0203 cpartment of State constitutes a thi	of an authorized person	y as provided for in	



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "WORLD PARTNERS HOLDINGS LLC" 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 FIFTH DAY OF FEBRUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

6711338 8300 SR# 20180744252 Authentication: 202094669

Date: 02-05-18