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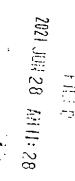
(Requestor's Name)				
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PICK-UP WAIT MAIL				
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## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: World Premier Trading, L	LC		
		- must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreign "Certificate of Existence," or "Certificate above referenced foreign corporation to	ate of Good Stand	ling" and check are sub-	t Business in Florida," nitted to register the
Please return all correspondence concer	ming this matter	to the following:	
Hmida Elkhachani		C	
	Name of P	erson	
World Premier Trading, LLC			
	Firm/Comp	pany	
1545 Crossways Blvd, Suite 250			
Chesapcake, VA 23320	Addres	SS	
info@worldpremiertrading.com	City/State an	d Zip code	
E-mail addre	ess: (to be used fo	r future annual report no	otification)
For further information concerning this	matter, please ca	11:	
Hmida Elkhachani	757	675-7666	
Name of Person	Area Code	) 675-7666 Daytime Telepho	one Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the following an Please make check payable to: FLORIDA E \$70.00 Filing Fee \$78.75 Fili Certificate	DEPARTMENT Ong Fee & : :	DF STATE \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fce, Certificate of Status & Certified Copy

### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. World Premier				
(Enter name of "Inc.," "Co.," "C	corporation; must include "INCORPORATED," Corp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"		-
(If name unavai	lable in Florida, enter alternate corporate name ac	lantad for the arms of the state of the stat		=
Wyamina				
2. (State or count	ry under the law of which it is incorporated)		<del>-</del>	_
11/10/2010	•			
4.	5			
(Date	e of incorporation)	(Date of duration, if other than perpetual)		•
6				
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150	florida, if prior to registration) 2, F.S., to determine penalty liability)		
7. 1545 Crossways	Blvd, Suite 250 Chesapeake, VA 23320	.,		
	(Principal office	street address)		
	•	•		
<del></del>	(Current mailing	address, if different)	<del></del>	
	, ,	, <b></b>	2	
8. Name and street	et address of Florida registered agent: (P.O.	Box NOT accentable)	121	
Name:	Charlo Investigations , Inc.		2021 JUN 28	
Office Address: 3825 Henderson Blvd, Suite 303				
	Tampa	— Florida <sup>33629</sup>	745 745	
	(City)	, Florida 33629(Zip code)	# : ?> &	
further agree to count and I am familiar	ent's acceptance: sed as registered agent and to accept service application, I hereby accept the appointment omply with the provisions of all statutes relatives and accept the obligations of my positions.  (Registered agent's significant agent's	of process for the above stated corport as registered agent and agree to a stive to the proper and complete perfion as registered agent.	oration at the p ct in this capac ormance of my	city. I duties,
10. Attached is a c	certificate of existence duly authenticated, no	t more than 90 days prior to delivery	of this applicat	ion to

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS						
Chairman	Name: Barry R. Taylor	□ Chairman	Name:			
□Vice Chairman	Address:	∐Vice Chairman	Address: 1545 Crossways Blvd, Suite 250			
Director	Chesapeake, VA 23320	Director	Chesapeake, VA 23320			
□President		President	···			
□Vice President		□Vice President				
□Secretary	□Treasurer	☐ Secretary	□Treasurer			
□Other	Other	□Other	□Other □			
□Chairman □Vice Chairman	Name: Michael S. Murphy  1545 Crossways Blvd, Suite 25  Address:	□Chairman	Name:			
Director	Chesapeake, VA 23320	□Vice Chairman	Address:			
	<u> </u>	Director				
President		□President				
		☐ Vice President				
□Secretary	□Treasurer	☐ Secretary	☐ Treasurer			
□Other	□Other	Other	Other			
□ Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		Director				
□President		□President				
□Vice President		□Vice President				
☐ Secretary	Treasurer	□Secretary	□Treasurer			
□Other	□Other	□Other	Other			
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida/Defartment of State Annual Report form.  12.  Signature of Director or Officer						

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she 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.

# STATE OF WYOMING Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

#### **World Premier Trading LLC**

is a

### **Limited Liability Company**

formed or qualified under the laws of Wyoming did on October 23, 2018, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number 2018-000825648.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 11th day of June, 2021 at 4:53 PM. This certificate is assigned ID Number 045176934.



Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.