CARTA DE CESIÓN DE ACCIONES

Quito, 2 de octubre de 2017

Señor
Santiago Oleas
Gerente General
WOA ECUADOR AGENCIA ASESORA PRODUCTORA DE SEGUROS S.A.
Ciudad.-

De nuestra consideración:

En cumplimiento de lo dispuesto en el inciso segundo del artículo 189 de la Ley de Compañías, nosotros, Santiago Oleas Ordoñez y la señora Lourdes Peters en calidad de representante legal de EL CUBO LLC., en las calidades de CEDENTE y CESIONARIA, respectivamente, damos a conocer que el día de hoy 2 de octubre de 2017, el señor Santiago Oleas Ordoñez ha cedido a favor de la compañía estadounidense EL CUBO LLC., la cantidad de 400 acciones dentro del capital social de la compañía WOA ECUADOR AGENCIA ASESORA PRODUCTORA DE SEGUROS S.A. con RUC N° 1792488486001, equivalente al 50,00% dentro del capital de la sociedad que asciende a USD. 800,00. La transferencia de acciones se detalla así:

WOA ECUADOR AGENCIA ASESORA PRODUCTORA DE SEGUROS S.A.

CEDENTE	CESIONARIO	ACCIONES TRANSFERIDAS	VALOR NOMINAL USD.	VALOR TOTAL USD.	VALOR DE LA TRANSACCIÓN POR ACCIÓN USD.	VALOR DE LA TRANSACCIÓN USD.
SANTIAGO OLEAS ORDOÑEZ	EL CUBO LLC.	400	1,00	400,00	1,00	400,00
TOTALES		400	1,00	400,00	1,00	400,00

Las acciones transferidas son indivisibles, ordinarias y nominativas, encontrándose todas ellas liberadas. El tipo de inversión para la adquisición de las acciones es extranjero. El cedente es de nacionalidad ecuatoriano, de estado civil casado; y, la cesionaria de nacionalidad estadounidense, quien declara que el dinero con el que adquiere las acciones es de legítima procedencia y no proviene de actividades relacionadas con el lavado de activos. La presente transferencia de acciones es a título oneroso y ha sido autorizada por la Superintendencia de Compañías, Valores y Seguros mediante Resolución No. SCVS-IRQ-DRS-SNR-2017-00021176 de 2 de octubre de 2017.

SANTIAGO OLEAS ORDOÑEZ
EL CEDENTE – CC. 1704184439

EL CUBO LLC.
LA CESIONARIA

Registro Civil
Identificación y Cedulación del Ecuador

Nº 8124138 USD. 0.50

COPIA INTEGRA

NACI. | MATRI. | DEFU.

MARGINADO

REPUBLICA DEL ECUADOR
DIRECCION GENERAL DE REGISTRO CIVIL, IDENTIFICACION Y CEDULACION

INSCRIPCION DE MATRIMONIO Tomo 2C Pág. 140 Acta 540

En CHAUPICRUZ-QUITO provincia de PICHINCHA hoy día TRECE de FEBRERO del dos mil NUEVE, El que suscribe, Jefe de Registro Civil, extiende la presente acta del matrimonio de :

NOMBRES Y APELLIDOS DEL CONTRAYENTE : SANTIAGO OLEAS ORDOÑEZ nacido en QUITO-PICHINCHA, el 27 de NOVIEMBRE de 1960, de nacionalidad ECUATORIANA, de profesión EMPLEADO, con Cédula Nº 170418443-9, domiciliado en QUITO, de estado anterior DIVORCIADO; hijo de SANTIAGO OLEAS y de MARTHA ORDOÑEZ

NOMBRES Y APELLIDOS DE LA CONTRAYENTE: MARIA LORENA PAEZ AYALA nacida en QUITO-PICHINCHA, el 03 de SEPTIEMBRE de 1968, de nacionalidad ECUATORIANA, de profesión EMPLEADO PRIVADO con Cédula Nº 170653167-8, domiciliada en QUITO, de estado anterior DIVORCIADO; hija de JOSE BENIGNO PAEZ y de NANCY ELENA AYALA

LUGAR DEL MATRIMONIO: QUITO FECHA: 13 DE FEBRERO DEL 2009

En este matrimonio reconocieron a su... hij.... ..... llamad.....

DIRECCION GENERAL DE REGISTRO CIVIL
JEFATURA PROVINCIAL
PICHINCHA

OBSERVACIONES:

FIRMAS :

17 DIC. 2010

Año:.....Tomo:.....□ Dcts. Pág.....Acta:.....
Otvs.□
ES FIEL COPIA DEL ORIGINAL QUE SE ARCHIVA EN LA JEFATURA PROVINCIAL Y QUE LO CONFIERE DE ACUERDO AL ARTICULO 122 DE LA LEY DE REGISTRO CIVIL
CERTIFICO
Quito.....

Dirección General de Registro Civil Identificación y Cedulación
JEFATURA PROVINCIAL DE PICHINCHA
QUITO

DIRECCIÓN PROVINCIAL DE REGISTRO CIVIL, IDENTIFICACIÓN Y CEDULACIÓN

Registro Civil
Identificación y Cedulación del Ecuador

2010

ARCHIVO PROVINCIAL
QUITO-PICHINCHA

RAZON: Por escritura pública realizada ante el NOTARIO CUADRAGESIMO DEL CANTON QUITO , de fecha 13 de Julio del 2007, el matrimonio de: SANTIAGO OLEAS ORDOÑEZ con MARIA LORENA PAEZ AYALA, celebran CAPITULACIONES MATRIMONIALES. Documento que se archiva con el No. 2010- 77. Quito, 17 de Diciembre del 2010. cc.-

.....

Jefe de Oficina

La separación conyugal judicialmente autorizada de los contrayentes del presente matrimonio, fué declarada mediante sentencia del Juez ..... con fecha ..... cuya copia se archiva.

..... de ..... de

f) .....

Jefe de Oficina

Se declaró la nulidad de este matrimonio mediante sentencia del Juez ..... con fecha ..... cuya copia se archiva.

..... de ..... de

f) .....

Jefe de Oficina

OTRAS SUBINSCRIPCIONES O MARGINACIONES

.....

.....

.....

17 DIC. 2010

Dirección General de Registro Civil Identificación y Cedulación JEFATURA PROVINCIAL DE PICHINCHA QUITO

Año:..... Tomo:..... ☐ Dcts. Pág..... Acts. .... Dtvs.☐

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CERTIFICO

.....

JEFE DE REGISTRO CIVIL

Quito .....

DIRECCIÓN PROVINCIAL DE REGISTRO CIVIL, IDENTIFICACIÓN Y CEDULACIÓN

Registro Civil Identificación y Cedulación del Ecuador

2010

ARCHIVO PROVINCIAL QUITO-PICHINCHA

REPÚBLICA DEL ECUADOR
DIRECCIÓN GENERAL DE REGISTRO CIVIL
IDENTIFICACIÓN Y CEDULACIÓN

CÉDULA DE CIUDADANÍA
No. 170418443-9

APELLIDOS Y NOMBRES
OLEAS ORDOÑEZ
SANTIAGO

LUGAR DE NACIMIENTO
PICHINCHA
QUITO
GONZALEZ SUAREZ

FECHA DE NACIMIENTO 1960-11-27
NACIONALIDAD ECUATORIANA
SEXO M
ESTADO CIVIL CASADO
MARIA L
PAEZ AYALA

INSTRUCCIÓN BACHILLERATO
PROFESIÓN / OCUPACIÓN EMPLEADO
E3343V3442

APELLIDOS Y NOMBRES DEL PADRE
OLEAS SANTIAGO

APELLIDOS Y NOMBRES DE LA MADRE
ORDOÑEZ MARTHA

LUGAR Y FECHA DE EXPEDICIÓN
QUITO
2012-03-16

FECHA DE EXPIRACIÓN
2022-03-16

0000 3722

DIRECTOR GENERAL

FIRMA DEL CEDULADO

REPÚBLICA DEL ECUADOR
CONSEJO NACIONAL ELECTORAL
CNE

018

CERTIFICADO DE VOTACIÓN
ELECCIONES SECCIONALES 23-FEB-2014

018 - 0286
NÚMERO DE CERTIFICADO

1704184439
CÉDULA

OLEAS ORDOÑEZ SANTIAGO

PICHINCHA
PROVINCIA

CIRCUNSCRIPCIÓN 2

QUITO
CANTÓN

BELISARIO QUEVEDO
PARROQUIA

2
ZONA

f.) PRESIDENTA/E DE LA JUNTA

CIUDADANÍA

Ejerció su derecho al sufragio en las Elecciones Seccionales
23 de Febrero de 2014

ESTE CERTIFICADO SIRVE PARA TODOS LOS TRÁMITES PÚBLICOS Y PRIVADOS

REPÚBLICA DEL ECUADOR
DIRECCIÓN GENERAL DE REGISTRO CIVIL, IDENTIFICACIÓN Y CEDULACIÓN

CÉDULA DE CIUDADANÍA No. 170653167-8

APELLIDOS Y NOMBRES
PAEZ AYALA
MARIA LORENA

LUGAR DE NACIMIENTO
PICHINCHA
QUITO
SANTA PRISCA

FECHA DE NACIMIENTO 1968-09-03
NACIONALIDAD ECUATORIANA
SEXO MUJER
ESTADO CIVIL CASADO
SANTIAGO
OLEAS ORDOÑEZ

IGM 16 10 626 22

INSTRUCCIÓN
BACHILLERATO

PROFESIÓN / OCUPACIÓN
EMPLEADO PRIVADO

APELLIDOS Y NOMBRES DEL PADRE
PAEZ JOSE BENIGNO

APELLIDOS Y NOMBRES DE LA MADRE
AYALA DAVILA ELENA NANCY ANGELICA

LUGAR Y FECHA DE EXPEDICIÓN
QUITO
2016-12-30

FECHA DE EXPIRACIÓN
2026-12-30

V4343V4442

0012368279

DIRECTOR GENERAL

FIRMA DEL CEDULADO

CERTIFICADO DE VOTACIÓN
4 DE FEBRERO 2018

012
JUNTA No

012 - 358
NÚMERO

1706531678
CÉDULA

PAEZ AYALA MARIA LORENA
APELLIDOS Y NOMBRES

PICHINCHA
PROVINCIA

CIRCUNSCRIPCIÓN:

QUITO
CANTÓN

ZONA: 3

RUMIPAMBA
PARROQUIA

REFERÉNDUM Y CONSULTA POPULAR 2018

CIUDADANÍA

ESTE DOCUMENTO ACREDITA QUE USTED SUFRAGÓ EN EL REFERÉNDUM Y CONSULTA POPULAR 2018

ESTE CERTIFICADO SIRVE PARA TODOS LOS TRÁMITES PÚBLICOS Y PRIVADOS

EL PRESIDENTE/A DE LA JRV

IMP.1706...46J

Registro Civil
Identificación y Cedulación del Ecuador

Nº 8124138 USD. 0.50

COPIA INTEGRA

NACI. | MATRI. | DEFU.

MARGINADO

REPUBLICA DEL ECUADOR
DIRECCION GENERAL DE REGISTRO CIVIL, IDENTIFICACION Y CEDULACION

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LUGAR DEL MATRIMONIO: QUITO FECHA: 13 DE FEBRERO DEL 2009

En este matrimonio reconocieron a su... hij.... ..... llamad.....

DIRECCION GENERAL DE REGISTRO CIVIL
JEFATURA PROVINCIAL
PICHINCHA

OBSERVACIONES:

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CERTIFICO
Quito.....

Dirección General de Registro Civil Identificación y Cedulación
JEFATURA PROVINCIAL DE PICHINCHA
QUITO

DIRECCIÓN PROVINCIAL DE REGISTRO CIVIL, IDENTIFICACIÓN Y CEDULACIÓN

Registro Civil
Identificación y Cedulación del Ecuador

2010

ARCHIVO PROVINCIAL
QUITO-PICHINCHA

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.....

Jefe de Oficina

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..... de ..... de

f) .....

Jefe de Oficina

Se declaró la nulidad de este matrimonio mediante sentencia del Juez ..... con fecha ..... cuya copia se archiva.

..... de ..... de

f) .....

Jefe de Oficina

OTRAS SUBINSCRIPCIONES O MARGINACIONES

.....

.....

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17 DIC. 2010

Dirección General de Registro Civil Identificación y Cedulación JEFATURA PROVINCIAL DE PICHINCHA QUITO

Año:..... Tomo:..... ☐ Dcts. Pág..... Acts. .... Dtvs.☐

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CERTIFICO

.....

JEFE DE REGISTRO CIVIL

Quito .....

DIRECCIÓN PROVINCIAL DE REGISTRO CIVIL, IDENTIFICACIÓN Y CEDULACIÓN

Registro Civil Identificación y Cedulación del Ecuador

2010

ARCHIVO PROVINCIAL QUITO-PICHINCHA


We the People
Of the United States
SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR
PASSPORT
PASSEPORT
PASAPORTE
USA
UNITED STATES OF AMERICA
Type / Type / Tipo
P
USA
488618003
Surname / Nom / Apellidos
PETERS
Given Names / Prénoms / Nombres
LOURDES FRANCES
Nationality / Nationalité / Nacionalidad
UNITED STATES OF AMERICA
Date of birth / Date de naissance / Fecha de nacimiento
16 Sep 1955
Place of birth / Lieu de naissance / Lugar de nacimiento
CUBA
Date of issue / Date de délivrance / Fecha de expedición
17 Jul 2013
Date of expiration / Date d'expiration / Fecha de caducidad
16 Jul 2023
Endorsements / Mentions Spéciales / Anotaciones
SEE PAGE 51
Sex / Sexe / Sexo
F
Authority / Autorité / Autoridad
United States
Department of State
USA
P<USAPETERS<<LOURDES<FRANCES<<<<<<<<<<<<<<<<
488618003 6USA5509162F2307161510946165<705186

State of Florida

Department of State

APOSTILLE

(Convention de La Haye du 5 octobre 1961)

1. Country: United States of America

This public document

2. has been signed by Jose Betancourt

3. acting in the capacity of Notary Public of Florida

4. bears the seal/stamp of Notary Public, State of Florida

Certified

5. at Tallahassee, Florida

6. the Twenty-Seventh day of April, A.D., 2015

7. by Secretary of State, State of Florida

8. No. 2015-46712

9. Seal/Stamp:

GREAT SEAL OF THE STATE OF FLORIDA
IN GOD WE TRUST

10. Signature:

Ken Detzner

Secretary of State

DSDE 99 (2/12)

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000066663

Entity Name: EL CUBO, LLC

Current Principal Place of Business:

703 WATERFORD WAY, SUITE 560
MIAMI, FL 33126

Current Mailing Address:

703 WATERFORD WAY, SUITE 560
MIAMI, FL 33126 US

FEI Number: 36-4640688

FILED
Apr 16, 2015
Secretary of State
CC5399898861

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PETERS, LOURDES F
703 WATERFORD WAY #560
MIAMI, FL 33126 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: LOURDES F PETERS 04/16/2015

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGR	Title	CFO
Name	PETERS, LOURDES FCEO	Name	GARCIA-BARBON, ALINA CFO
Address	703 WATERFORD WAY, SUITE 560	Address	703 WATERFORD WAY, SUITE 560
City-State-Zip:	MIAMI FL 33126	City-State-Zip:	MIAMI FL 33126

Title	VP
Name	GARCIA, MAIKEL
Address	703 WATERFORD WAY, SUITE 560
City-State-Zip:	MIAMI FL 33126

STATE OF FLORIDA
COUNTY OF Miami-Dade

On this 27 day of April, 2015
I attest that the preceding or attached
Document is a true, exact, complete,
And unaltered photocopy made by
Me of Annual Report,
Presented to me by the document's
Custodian, El Cubo, LLC.

NOTARY

JOSE BETANCOURT
Notary Public - State of Florida
My Comm. Expires Oct 17, 2015
Commission # FF 146655
Bonded Through National Notary Assn.

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LOURDES PETERS MGMR 04/16/2015

Electronic Signature of Signing Authorized Person(s) Detail — Date

Quito, 29 de junio del 2015

A quien corresponda,

Yo, Martín Argüello Sánchez, con cédula de identidad # 171402484-9, declaro que cuidadosamente he traducido el presente documento del idioma inglés al español; aplicando mi conocimiento adquirido de la lengua extranjera conforme a redacción, gramática, vocabulario y comprensión de lectura.

Atentamente,

Martín Argüello Sánchez

REPÚBLICA DEL ECUADOR
DIRECCIÓN GENERAL DE REGISTRO CIVIL, IDENTIFICACIÓN Y CEDULACIÓN

CÉDULA DE **CIUDADANIA** No. **171402484-9**

APELLIDOS Y NOMBRES
ARGUELLO SANCHEZ
MARTIN NICOLAS

LUGAR DE NACIMIENTO
PICHINCHA
QUITO
BENALCAZAR

FECHA DE NACIMIENTO **1986-10-31**

NACIONALIDAD **ECUATORIANA**

SEXO **M**

ESTADO CIVIL **SOLTERO**

INSTRUCCIÓN **SUPERIOR**

PROFESIÓN / OCUPACIÓN **ESTUDIANTE**

E3343I3244

APELLIDOS Y NOMBRES DEL PADRE
ARGUELLO SANTIAGO RENE

APELLIDOS Y NOMBRES DE LA MADRE
SANCHEZ MAGDALENA DE LAS M

LUGAR Y FECHA DE EXPEDICIÓN
QUITO
2013-02-15

FECHA DE EXPIRACIÓN
2023-02-15

DIRECTOR GENERAL

FIRMA DEL CEDULADO

UNIVERSITY *of* CAMBRIDGE
ESOL Examinations

English for Speakers of Other Languages

Level 1 Certificate in English (ESOL)*

This is to certify that

MARTÍN ARGUELLO SÁNCHEZ

has been awarded

Grade C

in the

First Certificate in English

Council of Europe Level B2

Date of Examination	JUNE 2006
Place of Entry	QUITO
Reference Number	066EC0070151
Accreditation Number	100/2032/9

*This level refers to the UK National Qualifications Framework

M. Milanovic

Michael Milanovic
Chief Executive

Date of Issue 07/08/06

Certificate Number 0016157376

QCA Qualifications and Curriculum Authority

cea Rewarding Learning

accac

DP495

U.S. Department of State

CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR(J-1) STATUS

OMB APPROVAL NO.1405-0119
EXPIRES: 04-30-2008
ESTIMATED BURDEN TIME: 45 min
*See Page 2

1. Family Name:	First Name:	Middle Name:	Gender:	
Arguello Sanchez	Martin	Nicolas	MALE	N0003476639

Date of Birth(mm-dd-yyyy):	City of Birth:	Country of Birth:	Citizenship Country Code:	Citizenship Country:
10-31-1988	Quito	ECUADOR	EC	ECUADOR

J-1

Legal Permanent Residence Country Code:	Legal Permanent Residence Country:	Position Code:	Position:
EC	ECUADOR	223	SECONDARY SCHOOL STUDENT

U.S. Address: 300 Ingram Ave.
Campbellsville, KY 42718

2. Program Sponsor: International Student Exchange
Exchange Visitor Program Number: P-3-05104

Participating Program Official Description:
STUDENT SECONDARY

Purpose of this form: Begin new program; accompanied by number (0) of immediate family members.

3. Form Covers Period:
From (mm-dd-yyyy): 07-20-2006
To (mm-dd-yyyy): 06-30-2007

4. Exchange Visitor Category: STUDENT SECONDARY

Subject/Field Code: 53.0299
Subject/Field Code Remarks: none

5. During the period covered by this form, the total estimated financial support(in U.S. $) is to be provided to the exchange visitor by:
Personal funds : $3,000.00
Total : $3,000.00

6. U.S. DEPARTMENT OF STATE / INS USE OR CERTIFICATION BY RESPONSIBLE OFFICER THAT A NOTIFICATION COPY OF THIS FORM HAS BEEN PROVIDED TO THE U.S. DEPARTMENT OF STATE (INCLUDE DATE).

7. Jordan Nagler — Name of Official Preparing Form
Responsible Officer — Title
119 Cooper Street
Babylon, NY 11702 — Address of Responsible Officer or Alternate Responsible Officer
631-893-4540 — Telephone Number
Signature of Responsible Officer or Alternate Responsible Officer
05-18-2006 — Date (mm-dd-yyyy)

8. Statement of Responsible Officer for Releasing Sponsor (FOR TRANSFER OF PROGRAM)
Effective date(mm-dd-yyyy) _____, Transfer of this exchange visitor from program number _____ sponsored by _____ to the program specified in item 2 is necessary or highly desirable and is in conformity with the objectives of the Mutual Educational and Cultural Exchange Act of 1961, as amended.

Signature of Responsible Officer or Alternate Responsible Officer
Date(mm-dd-yyyy) of Signature

PRELIMINARY ENDORSEMENT OF CONSULAR OR IMMIGRATION OFFICER REGARDING SECTION 212(e) OF THE IMMIGRATION AND NATIONALITY ACT AND PL 94-484, AS AMENDED (see item 1(a) of page 2).

The Exchange Visitor in the above program:

1. [x] Not subject to the two-year residence requirement.
2. [ ] Subject to two-year residence requirement based on:
   - A. [ ] Government financing and/or
   - B. [x] The Exchange Visitor Skills List and/or
   - C [ ] PL 94-484 as amended

(ALL USAID PARTICIPANTS G-2-0263 AND ALL ALIEN PHYSICIANS SPONSORED BY P-3-4510 ARE SUBJECT TO THE TWO-YEAR HOME RESIDENCE REQUIREMENT)

Erik Martini — Name
VC — Title
Signature of Consular or Immigration Officer
7/6/06 — Date (mm-dd-yyyy)

THE U. S. DEPARTMENT OF STATE RESERVES THE RIGHT TO MAKE FINAL DETERMINATION REGARDING 212(e).

TRAVEL VALIDATION BY RESPONSIBLE OFFICER
(Maximum validation period is one year*)

*EXCEPT: Maximum validation period is up to six months for Short-term Scholars and four months for Camp Counselors and Summer Travel/Work.

(1) Exchange Visitor is in good standing at the present time
Date (mm-dd-yyyy)
Signature of Responsible Officer or Alternate Responsible Officer

(2) Exchange Visitor is in good standing at the present time
Date (mm-dd-yyyy)
Signature of Responsible Officer or Alternate Responsible Officer

EXCHANGE VISITOR CERTIFICATION: I have read and agree with the statement on item 2 on page 2 of this document.

Martín Arguello S. — Signature of Applicant
QUITO- ECUADOR — Place
07/05/2006 — Date (mm-dd-yyyy)

INSTRUCTIONS FOR AND CERTIFICATION BY THE ALIEN BENEFICIARY NAMED ON PAGE 1 OF THIS FORM:

Read this page and sign the Exchange Visitor Certification block on the bottom of page1 and prior to presentation to a United States Consular or Immigration Official.

1. I understand that the following conditions are applicable to exchange visitors:

(a) **TWO-YEAR HOME-COUNTRY PHYSICAL PRESENCE REQUIREMENT** ***(SECTION 212(e) OF THE IMMIGRATION AND NATIONALITY ACT AND PL 94-484, AS AMENDED):***

RULE: Exchange visitors whose programs are financed in whole or in part, directly or indirectly by either their government or by the U.S. Government, are required to reside in their home-country for two years following completion of their program before they are eligible for immigrant status, temporary worker *(H)* status, or intracompany transferee *(L)* status. Likewise, if exchange visitors are acquiring a skill which is in short supply in their home country *(these skills appear on the "Exchange Visitor Skills List")* they will be subject to the same two-year home-country residence requirement. The requirement also is applicable to alien physicians entering the United States to receive graduate medical education or training. The U.S. Department of State reserves the right to make the final determination regarding 212*(e)*.

NOTE: MARRIAGE TO A U.S. CITIZEN OR LEGAL PERMANENT RESIDENT, OR BIRTH OF A CHILD IN THE UNITED STATES DOES NOT REMOVE THIS REQUIREMENT.

(b) ***Extension of Stay/Program Transfers:*** A completed Form DS-2019 is required in order to apply for a program extension or program transfer, and must be obtained from or with the assistance of the sponsor.

(c) ***Limitation of Stay:*** ***STUDENTS*** - as long as they pursue a full course of study towards a degree, or if engaged full-time in a non-degree program, up to 24 months. Students for whom the sponsor recommends academic training may be permitted to remain for an additional period of up to 18 months after receiving their degree or certificate; post-doctoral academic training may be approved by the sponsor for a period not to exceed 36 months; **SECONDARY STUDENTS** - up to 1 academic year; **TRAINEES** - 18 months; **FLIGHT TRAINEES** - 24 months; **TEACHERS, PROFESSORS**, and **RESEARCH SCHOLARS** - 3 years; **SHORT-TERM SCHOLARS** - 6 months; **SPECIALISTS** - 1 year; **INTERNATIONAL VISITORS** - 1 year; **ALIEN PHYSICIAN** - the time typically required to complete the medical specialty involved but limited to 7 years with the possibility of extension if approved by the U.S. Department of State; **GOVERNMENT VISITOR** - up to 18 months; **CAMP COUNSELOR**- up to 4 months; **SUMMER TRAVEL/WORK**- up to 4 months; **AU PAIR**- 1 year ; **INTERN** - up to 12 months.

(d) ***Documentation Required for Admission/Readmission as an Exchange Visitor:*** To be eligible for admission to the United States, an exchange visitor must present the following at the port of entry: *(1)* a valid nonimmigrant visa, unless exempt from nonimmigrant visa requirements; *(2)* a passport valid for 6 months beyond the anticipated period of admission, unless exempt from passport requirements; *(3)* a properly executed Form DS-2019 *(with 2-D barcode)* which must be retained by the exchange visitor for readmission within the period of previously authorized stay. Exchange visitors are permitted to travel abroad and maintain status *(e.g., obtain a new visa)* under duration of the program as indicated by the dates on this form *(see item 3 on page 1 of this form)*.

Change of Visa Status: Exchange visitors *(and dependents)* are expected to leave the United States upon completion of their program objective. Exchange visitors who are subject to the two-year home-country physical presence requirement are not eligible to change their status while in the United States to any other nonimmigrant category except, if applicable, that of official or employee of a foreign government *(A)* or an international organization *(G)* or member of the family or attendant of either of these types of officials or employees.

(f) **Insurance:** Exchange visitors are required to have medical insurance in effect for themselves and any accompanying spouse and minor children on J visas for the duration of their exchange program. At a minimum, insurance coverage shall include: *(1)* medical benefits of at least U.S. $50,000 per person per accident or illness; *(2)* repatriation of remains in the amount of U.S. $7,500; and *(3)* expenses associated with medical evacuation in the amount of U.S. $10,000. A policy secured to fulfill the insurance requirements shall not have a deductible that exceeds U.S. $500 per accident or illness, and must meet other standards specified in the Exchange Visitor Program regulations, 22 CFR Part 62.14. For details, consult your program's Responsible Officer *(see item 7 on page 1 of this form)*.

2. ***EXCHANGE VISITOR CERTIFICATION:*** I have read and understand the foregoing, including the Two-Year Home-Country Physical Presence Requirement, and agree to comply with the Exchange Visitor Program regulations, as amended *(22 CFR Part 62)*. I certify that all the information on the Form DS-2019 is true and correct to the best of my knowledge. I agree that I will maintain compliance with the insurance regulations as specified in 22 CFR 62.14, including maintaining health insurance coverage for myself and my J-2 dependents throughout my J-1 program. **I understand that it is my responsibility to maintain my exchange visitor status.** For the purposes of 20 U.S.C. 1232g and 22 CFR 62, I authorize the U.S. Department of State-designated sponsor and any educational institution named on the Form DS-2019 to release information to the U.S. Department of State relating to compliance with Exchange Visitor Program regulations.

NOTICE TO ALL EXCHANGE VISITORS

To facilitate your readmission to the United States after a visit in another country other than a contiguous territory or adjacent islands, you should have the Responsible Officer of your sponsoring organization indicate on the TRAVEL VALIDATION BY RESPONSIBLE OFFICER or Alternate Responsible Officer section of the Form DS-2019 that you continue to be in good standing.

The signature of the Responsible Officer or the Alternate Responsible Officer on the Form DS-2019 is valid for up to one year* or until the end date in item 3 on page 1 of this Form, or to the validation date authorized by the Responsible Officer, whichever occurs sooner.

***EXCEPT:** Maximum validation period is up to six months for Short-term Scholars and four months for Camp Counselors and Summer Travel/Work.

Under the Mutual Educational and Cultural Exchange Act of 1961, as amended, the U.S. Department of State has been delegated the authority to designate Exchange Visitor Programs for U.S. Government agencies, and for public and private educational and cultural exchange organizations. The information is used by Exchange Visitor Program sponsors to appropriately identify an individual seeking to enter the United States as an exchange visitor. The completed form is sent to the prospective exchange visitor abroad, who takes it to the U.S. Consulate *(Embassy)* to secure an exchange visitor *(J-1, J-2)* visa. Responses are mandatory. An Agency or organization may not conduct or sponsor, and the respondent is not required to respond to a collection of information unless it displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, researching existing data sources, gathering and maintaining the data needed, completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: U.S. Department of State, A/RPS/DIR, Washington, D.C. 20520.

Una copia en blanco y negro de este documento no es oficial.

Estado de Florida

Departamento de Estado

APOSTILLA

(Convención de La Haya del 5 de octubre 1961)

1. País: Estados Unidos de América
   Este documento público
2. ha sido firmado por José Betancourt
3. actuando en la capacidad de Notario Público de Florida
4. lleva el sello/estampa de Notario Público, Estado de Florida

Certificado

5. en Tallahassee, Florida
6. el Día Veintisiete de Abril, D.C., 2015
7. por Secretario de Estado, Estado de Florida
8. No. 2015-46712
9. Sello/Estampa: 10. Firma:

Secretario de Estado

Este documento contiene una marca de agua verdadera. Sostener a la luz para ver "SEGURO" y "VERIFICAR PRIMERO"

REPORTE ANUAL DEL 2015 DE COMPAÑÍA DE RESPONSABILIDAD LIMITADA DE FLORIDA

Documento # L08000066663

LLENADO
16 DE Abril, 2015
Secretario de Estado
CC5399898861

Nombre de la Entidad: EL CUBO, LLC
Lugar de la Principal Sucursal del Negocio:
703 WATERFORD WAY, SUITE 560
MIAMI, FL 33126

Dirección de Correo Actual:
703 WATERFORD WAY, SUITE 560
MIAMI, FL 33126 US

Número FEI: 36-4640688

Certificado de Estatus Deseado: No

Nombre y Dirección del Actual Agente Registrado:
PETERS, LOURDES F.
703 WATERFORD WAY, SUITE 560
MIAMI, FL 33126 US

La entidad nombrada arriba presenta esta declaracion para el propósito de cambiar su cargo registrado o agente registrado, o ambos, en el Estado de Florida.

FIRMA: LOURDES F PETERS 16/04/2015
Firma Electrónica del Agente Registrado Fecha

Detalle de la Persona(s) Autorizada:

Título	MGR
Nombre	PETERS, LOURDES FCEO
Dirección:	703 WATERFORD WAY, SUITE 560
Ciudad- estado-zip:	Miami, FL 33126

Título	CFO
Nombre	GARCIA-BARBON, ALINA CFO
Dirección	703 WATERFORD WAY, SUITE 560
Ciudad- estado-zip:	Miami, FL 33126

Título	VP
Nombre	GARCIA, MAIKEL
Dirección	703 WATERFORD WAY, SUITE 560
Ciudad- estado-zip:	Miami, FL 33126

ESTADO DE FLORIDA
CONDADO DE Miami Dade.

ESTADO DE FLORIDA
CONDADO DE Miami Dade.

En este 27 de Abril del 2015
Yo atestiguo que el Documento precedente o adjunto es una verdadera, exacta, completa y inalterada fotocopia hecha por mí de Annual Report.
Presentado a mí por el custodio del documento El Cubo LLC.

NOTARIO

Por la presente certifico que la información indicada en este reporte o reporte suplementario es verdadera y exacta y que mi firma electrónica tendrá el mismo efecto legal como hecha bajo juramento, que yo soy un miembro gerencial o gerente de la compañía con responsabilidad limitada o el receptor o el fideicomisario apoderado para ejecutar este reporte como es requerido por el Capítulo 605, Estatutos de Florida; y que mi nombre aparezca arriba, o en un adjunto con todos los otros como apoderado.

FIRMA: LOURDES PETERS MGMR 16/04/2015
Firma Electrónica del Detalle de la Persona Autorizada para Firmar Fecha

State of Florida

Department of State

APOSTILLE

(Convention de La Haye du 5 octobre 1961)

1. Country: United States of America

This public document

2. has been signed by Jose Betancourt

3. acting in the capacity of Notary Public of Florida

4. bears the seal/stamp of Notary Public, State of Florida

Certified

5. at Tallahassee, Florida

6. the Twenty-Ninth day of April, A.D., 2015

7. by Secretary of State, State of Florida

8. No. 2015-47864

9. Seal/Stamp:

GREAT SEAL OF THE STATE OF FLORIDA
IN GOD WE TRUST

10. Signature:

Ken Detzner

Secretary of State

DSDE 99 (2/12)

State of Florida

Department of State

I certify from the records of this office that EL CUBO, LLC, is a limited liability company organized under the laws of the State of Florida, filed on July 10, 2008.

The document number of this company is L08000066663.

I further certify that said company has paid all fees due this office through December 31, 2008, and its status is active.

Authentication Code: 108A00040885-071108-L08000066663-1/1

STATE OF FLORIDA
COUNTY OF Miami-Dade

On this 27 day of April, 2015
I attest that the preceding or attached
Document is a true, exact, complete,
And unaltered photocopy made by
Me of Good Standing,
Presented to me by the document's
Custodian, El Cubo LLC.

NOTARY
JOSE BETANCOURT
Notary Public - State of Florida
My Comm. Expires Oct 17, 201
Commission # FF 146655
...ded Through National Notary As...

Given under my hand and the Great Seal of the State of Florida, at Tallahassee, the Capital, this the Eleventh day of July, 2008

Kurt S. Browning
Secretary of State

Quito, 29 de junio del 2015

A quien corresponda,

Yo, Martín Argüello Sánchez, con cédula de identidad # 171402484-9, declaro que cuidadosamente he traducido el presente documento del idioma inglés al español; aplicando mi conocimiento adquirido de la lengua extranjera conforme a redacción, gramática, vocabulario y comprensión de lectura.

Atentamente,

Martín Argüello Sánchez

REPÚBLICA DEL ECUADOR
DIRECCIÓN GENERAL DE REGISTRO CIVIL, IDENTIFICACIÓN Y CEDULACIÓN

CÉDULA DE **CIUDADANIA** No. **171402484-9**

APELLIDOS Y NOMBRES
ARGUELLO SANCHEZ
MARTIN NICOLAS

LUGAR DE NACIMIENTO
PICHINCHA
QUITO
BENALCAZAR

FECHA DE NACIMIENTO **1986-10-31**

NACIONALIDAD **ECUATORIANA**

SEXO **M**

ESTADO CIVIL **SOLTERO**

INSTRUCCIÓN **SUPERIOR**

PROFESIÓN / OCUPACIÓN **ESTUDIANTE**

E3343I3244

APELLIDOS Y NOMBRES DEL PADRE
ARGUELLO SANTIAGO RENE

APELLIDOS Y NOMBRES DE LA MADRE
SANCHEZ MAGDALENA DE LAS M

LUGAR Y FECHA DE EXPEDICIÓN
QUITO
2013-02-15

FECHA DE EXPIRACIÓN
2023-02-15

DIRECTOR GENERAL

FIRMA DEL CEDULADO

UNIVERSITY *of* CAMBRIDGE
ESOL Examinations

English for Speakers of Other Languages

Level 1 Certificate in English (ESOL)*

This is to certify that

MARTÍN ARGUELLO SÁNCHEZ

has been awarded

Grade C

in the

First Certificate in English

Council of Europe Level B2

Date of Examination	JUNE 2006
Place of Entry	QUITO
Reference Number	066EC0070151
Accreditation Number	100/2032/9

*This level refers to the UK National Qualifications Framework

M. Milanovic

Michael Milanovic
Chief Executive

Date of Issue 07/08/06

Certificate Number 0016157376

QCA Qualifications and Curriculum Authority

cea Rewarding Learning

accac

DP495

U.S. Department of State

CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR(J-1) STATUS

OMB APPROVAL NO.1405-0119
EXPIRES: 04-30-2008
ESTIMATED BURDEN TIME: 45 min
*See Page 2

1. Family Name:	First Name:	Middle Name:	Gender:	
Arguello Sanchez	Martin	Nicolas	MALE	N0003476639

Date of Birth(mm-dd-yyyy):	City of Birth:	Country of Birth:	Citizenship Country Code:	Citizenship Country:
10-31-1988	Quito	ECUADOR	EC	ECUADOR

J-1

Legal Permanent Residence Country Code:	Legal Permanent Residence Country:	Position Code:	Position:
EC	ECUADOR	223	SECONDARY SCHOOL STUDENT

U.S. Address: 300 Ingram Ave.
Campbellsville, KY 42718

2. Program Sponsor: International Student Exchange
Exchange Visitor Program Number: P-3-05104

Participating Program Official Description:
STUDENT SECONDARY

Purpose of this form: Begin new program; accompanied by number (0) of immediate family members.

3. Form Covers Period:
From (mm-dd-yyyy): 07-20-2006
To (mm-dd-yyyy): 06-30-2007

4. Exchange Visitor Category: STUDENT SECONDARY

Subject/Field Code: 53.0299
Subject/Field Code Remarks: none

5. During the period covered by this form, the total estimated financial support(in U.S. $) is to be provided to the exchange visitor by:
Personal funds : $3,000.00
Total : $3,000.00

6. U.S. DEPARTMENT OF STATE / INS USE OR CERTIFICATION BY RESPONSIBLE OFFICER THAT A NOTIFICATION COPY OF THIS FORM HAS BEEN PROVIDED TO THE U.S. DEPARTMENT OF STATE (INCLUDE DATE).

7. Jordan Nagler — Name of Official Preparing Form
Responsible Officer — Title
119 Cooper Street
Babylon, NY 11702 — Address of Responsible Officer or Alternate Responsible Officer
631-893-4540 — Telephone Number
Signature of Responsible Officer or Alternate Responsible Officer
05-18-2006 — Date (mm-dd-yyyy)

8. Statement of Responsible Officer for Releasing Sponsor (FOR TRANSFER OF PROGRAM)
Effective date(mm-dd-yyyy) _____, Transfer of this exchange visitor from program number _____ sponsored by _____ to the program specified in item 2 is necessary or highly desirable and is in conformity with the objectives of the Mutual Educational and Cultural Exchange Act of 1961, as amended.

Signature of Responsible Officer or Alternate Responsible Officer
Date(mm-dd-yyyy) of Signature

PRELIMINARY ENDORSEMENT OF CONSULAR OR IMMIGRATION OFFICER REGARDING SECTION 212(e) OF THE IMMIGRATION AND NATIONALITY ACT AND PL 94-484, AS AMENDED (see item 1(a) of page 2).

The Exchange Visitor in the above program:

1. [x] Not subject to the two-year residence requirement.
2. [ ] Subject to two-year residence requirement based on:
   - A. [ ] Government financing and/or
   - B. [x] The Exchange Visitor Skills List and/or
   - C [ ] PL 94-484 as amended

(ALL USAID PARTICIPANTS G-2-0263 AND ALL ALIEN PHYSICIANS SPONSORED BY P-3-4510 ARE SUBJECT TO THE TWO-YEAR HOME RESIDENCE REQUIREMENT)

Erik Martini — Name
VC — Title
Signature of Consular or Immigration Officer
7/6/06 — Date (mm-dd-yyyy)

THE U. S. DEPARTMENT OF STATE RESERVES THE RIGHT TO MAKE FINAL DETERMINATION REGARDING 212(e).

TRAVEL VALIDATION BY RESPONSIBLE OFFICER
(Maximum validation period is one year*)

*EXCEPT: Maximum validation period is up to six months for Short-term Scholars and four months for Camp Counselors and Summer Travel/Work.

(1) Exchange Visitor is in good standing at the present time
Date (mm-dd-yyyy)
Signature of Responsible Officer or Alternate Responsible Officer

(2) Exchange Visitor is in good standing at the present time
Date (mm-dd-yyyy)
Signature of Responsible Officer or Alternate Responsible Officer

EXCHANGE VISITOR CERTIFICATION: I have read and agree with the statement on item 2 on page 2 of this document.

Martín Arguello S. — Signature of Applicant
QUITO- ECUADOR — Place
07/05/2006 — Date (mm-dd-yyyy)

INSTRUCTIONS FOR AND CERTIFICATION BY THE ALIEN BENEFICIARY NAMED ON PAGE 1 OF THIS FORM:

Read this page and sign the Exchange Visitor Certification block on the bottom of page1 and prior to presentation to a United States Consular or Immigration Official.

1. I understand that the following conditions are applicable to exchange visitors:

(a) **TWO-YEAR HOME-COUNTRY PHYSICAL PRESENCE REQUIREMENT** ***(SECTION 212(e) OF THE IMMIGRATION AND NATIONALITY ACT AND PL 94-484, AS AMENDED):***

RULE: Exchange visitors whose programs are financed in whole or in part, directly or indirectly by either their government or by the U.S. Government, are required to reside in their home-country for two years following completion of their program before they are eligible for immigrant status, temporary worker *(H)* status, or intracompany transferee *(L)* status. Likewise, if exchange visitors are acquiring a skill which is in short supply in their home country *(these skills appear on the "Exchange Visitor Skills List")* they will be subject to the same two-year home-country residence requirement. The requirement also is applicable to alien physicians entering the United States to receive graduate medical education or training. The U.S. Department of State reserves the right to make the final determination regarding 212*(e)*.

NOTE: MARRIAGE TO A U.S. CITIZEN OR LEGAL PERMANENT RESIDENT, OR BIRTH OF A CHILD IN THE UNITED STATES DOES NOT REMOVE THIS REQUIREMENT.

(b) ***Extension of Stay/Program Transfers:*** A completed Form DS-2019 is required in order to apply for a program extension or program transfer, and must be obtained from or with the assistance of the sponsor.

(c) ***Limitation of Stay:*** ***STUDENTS*** - as long as they pursue a full course of study towards a degree, or if engaged full-time in a non-degree program, up to 24 months. Students for whom the sponsor recommends academic training may be permitted to remain for an additional period of up to 18 months after receiving their degree or certificate; post-doctoral academic training may be approved by the sponsor for a period not to exceed 36 months; **SECONDARY STUDENTS** - up to 1 academic year; **TRAINEES** - 18 months; **FLIGHT TRAINEES** - 24 months; **TEACHERS, PROFESSORS**, and **RESEARCH SCHOLARS** - 3 years; **SHORT-TERM SCHOLARS** - 6 months; **SPECIALISTS** - 1 year; **INTERNATIONAL VISITORS** - 1 year; **ALIEN PHYSICIAN** - the time typically required to complete the medical specialty involved but limited to 7 years with the possibility of extension if approved by the U.S. Department of State; **GOVERNMENT VISITOR** - up to 18 months; **CAMP COUNSELOR**- up to 4 months; **SUMMER TRAVEL/WORK**- up to 4 months; **AU PAIR**- 1 year ; **INTERN** - up to 12 months.

(d) ***Documentation Required for Admission/Readmission as an Exchange Visitor:*** To be eligible for admission to the United States, an exchange visitor must present the following at the port of entry: *(1)* a valid nonimmigrant visa, unless exempt from nonimmigrant visa requirements; *(2)* a passport valid for 6 months beyond the anticipated period of admission, unless exempt from passport requirements; *(3)* a properly executed Form DS-2019 *(with 2-D barcode)* which must be retained by the exchange visitor for readmission within the period of previously authorized stay. Exchange visitors are permitted to travel abroad and maintain status *(e.g., obtain a new visa)* under duration of the program as indicated by the dates on this form *(see item 3 on page 1 of this form)*.

Change of Visa Status: Exchange visitors *(and dependents)* are expected to leave the United States upon completion of their program objective. Exchange visitors who are subject to the two-year home-country physical presence requirement are not eligible to change their status while in the United States to any other nonimmigrant category except, if applicable, that of official or employee of a foreign government *(A)* or an international organization *(G)* or member of the family or attendant of either of these types of officials or employees.

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2. ***EXCHANGE VISITOR CERTIFICATION:*** I have read and understand the foregoing, including the Two-Year Home-Country Physical Presence Requirement, and agree to comply with the Exchange Visitor Program regulations, as amended *(22 CFR Part 62)*. I certify that all the information on the Form DS-2019 is true and correct to the best of my knowledge. I agree that I will maintain compliance with the insurance regulations as specified in 22 CFR 62.14, including maintaining health insurance coverage for myself and my J-2 dependents throughout my J-1 program. **I understand that it is my responsibility to maintain my exchange visitor status.** For the purposes of 20 U.S.C. 1232g and 22 CFR 62, I authorize the U.S. Department of State-designated sponsor and any educational institution named on the Form DS-2019 to release information to the U.S. Department of State relating to compliance with Exchange Visitor Program regulations.

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The signature of the Responsible Officer or the Alternate Responsible Officer on the Form DS-2019 is valid for up to one year* or until the end date in item 3 on page 1 of this Form, or to the validation date authorized by the Responsible Officer, whichever occurs sooner.

***EXCEPT:** Maximum validation period is up to six months for Short-term Scholars and four months for Camp Counselors and Summer Travel/Work.

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Una copia en blanco y negro de este documento no es oficial.

Estado de Florida

Departamento de Estado

APOSTILLA

(Convención de La Haya del 5 de octubre 1961)

1. País: Estados Unidos de América
   Este documento público
2. ha sido firmado por José Betancourt
3. actuando en la capacidad de Notario Público de Florida
4. lleva el sello/estampa de Notario Público, Estado de Florida

Certificado

5. en Tallahassee, Florida
6. el Día Veintinueve de Abril, D.C., 2015
7. por Secretario de Estado, Estado de Florida
8. No. 2015-47864
9. Sello/Estampa: 10. Firma:

Secretario de Estado

Este documento contiene una marca de agua verdadera. Sostener a la luz para ver "SEGURO" y "VERIFICAR PRIMERO"

Estado de Florida

Departamento de Estado

Yo certifico desde los archivos de esta oficina que EL CUBO, LLC, es una compañía de responsabilidad limitada, organizada bajo las leyes del Estado de Florida, archivada el 10 de Julio, 2008.

El número de documento de esta compañía es L08000066663.

Además yo certifico que dicha compañía ha pagado todas las cuotas debidas a esta oficina hasta el 31 de Diciembre, 2008, y su estado es activo.

Código de Autenticación: 108A00040885-071108-L08000066663-1/1

ESTADO DE FLORIDA
CONDADO DE Miami Dade.

En este 27 de Abril del 2015
Yo atestiguo que el Documento precedente o adjunto es una verdadera, exacta, completa y inalterada fotocopia hecha por Mí de Good Standing.
Presentado a mí por el custodio del documento El Cubo LLC.

_____

NOTARIO
Notario Público – Estado de Florida

Entregado bajo mi mano y el Gran Sello del Estado de Florida, en Tallahassee, la capital, este es el día 11 de Julio, 2008

Kurt S. Browning
Secretario de Estado

State of Florida

Department of State

APOSTILLE

(Convention de La Haye du 5 octobre 1961)

1. Country: United States of America

This public document

2. has been signed by Jose Betancourt

3. acting in the capacity of Notary Public of Florida

4. bears the seal/stamp of Notary Public, State of Florida

Certified

5. at Tallahassee, Florida

6. the Twenty-Seventh day of April, A.D., 2015

7. by Secretary of State, State of Florida

8. No. 2015-46714

9. Seal/Stamp:

GREAT SEAL OF THE STATE OF FLORIDA
IN GOD WE TRUST

10. Signature:

Ken Detzner

Secretary of State

DSDE 99 (2/12)

STATE OF FLORIDA
COUNTY OF Miami-Dade.

On this 27 day of April 2015
I attest that the preceding or attached
Document is a true, exact, complete,
And unaltered photocopy made by
Me of Passport
Presented to me by the document's
Custodian Lourdes F Peters.

NOTARY

JOSE BETANCOURT
Notary Public - State of Florida
My Comm. Expires Oct 17, 2018
Commission # FF 146655
Bonded Through National Notary Assn

Factura: 002-003-000045695

20191701008D00322

DILIGENCIA DE RECONOCIMIENTO DE FIRMAS N° 20191701008D00322

Ante mí, NOTARIO(A) JAIME RAFAEL ESPINOZA CABRERA de la NOTARÍA OCTAVA , comparece(n) PABLO ROBERTO CEVALLOS FONSECA portador(a) de CÉDULA 1708978109 de nacionalidad ECUATORIANA, mayor(es) de edad, estado civil DIVORCIADO(A), domiciliado(a) en QUITO, POR SUS PROPIOS DERECHOS en calidad de TRADUCTOR(A); quien(es) declara(n) que la(s) firma(s) constante(s) en el documento que antecede , es(son) suya(s), la(s) misma(s) que usa(n) en todos sus actos públicos y privados, siendo en consecuencia auténtica(s), EL COMPARECIENTE AUTORIZA EXPRESAMENTE LA CONSULTA EN LÍNEA Y VERIFICACIÓN DE SUS RESPECTIVOS DATOS EN EL SISTEMA NACIONAL DE CONSULTA CIUDADANA DE LA DIRECCIÓN GENERAL DE REGISTRO CIVIL, IDENTIFICACIÓN Y CEDULACIÓN para constancia firma(n) conmigo en unidad de acto, de todo lo cual doy fe. La presente diligencia se realiza en ejercicio de la atribución que me confiere el numeral noveno del artículo dieciocho de la Ley Notarial -. El presente reconocimiento no se refiere al contenido del documento que antecede, sobre cuyo texto esta Notaria, no asume responsabilidad alguna. – Se archiva un original. QUITO, a 5 DE ABRIL DEL 2019, (16:55).

PABLO ROBERTO CEVALLOS FONSECA
CÉDULA: 1708978109

NOTARIO(A) JAIME RAFAEL ESPINOZA CABRERA
NOTARÍA OCTAVA DEL CANTÓN QUITO

State of Florida

Department of State

APOSTILLE

(Convention de La Haye du 5 octobre 1961)

1. Country: United States of America

This public document

2. has been signed by Laurel Lee

3. acting in the capacity of Secretary of State

4. bears the seal/stamp of Great Seal of the State of Florida

Certified

5. at Tallahassee, Florida

6. the Eighth day of March, A.D., 2019

7. by Secretary of State, State of Florida

8. No. 2019-28278

9. Seal/Stamp:

10. Signature:

Secretary of State

Secretary of State

DSDE 99 (2/12)

State of Florida
Department of State

I certify from the records of this office that EL CUBO, LLC is a limited liability company organized under the laws of the State of Florida, filed on July 10, 2008.

The document number of this limited liability company is L08000066663.

I further certify that said limited liability company has paid all fees due this office through December 31, 2019, that its most recent annual report was filed on March 1, 2019, and that its status is active.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the First day of March, 2019

Secretary of State

Tracking Number: 3838174383CU

To authenticate this certificate,visit the following site,enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication

Una copia en blanco y negro de este documento no es oficial.

Estado de Florida

Departamento de Estado

APOSTILLA

(Convención De La Haya del 5 de octubre 1961)

1. País: Estados Unidos de América

Este documento público:

2. Ha sido firmado por: Laurel Lee
3. Actuando en la capacidad de: Secretario de Estado
4. Lleva el sello/estampa de: Sello de Estado de Florida

Certificado

5. En: Tallahassee, Florida
6. El: día 8 de marzo 2019
7. Por: Secretario de Estado, Estado de Florida
8. No: 2019-28278
9. Sello/Estampa

10: Firma

Secretario de Estado

Este documento contiene una marca de agua verdadera. Sostener a la luz para ver "SEGURO" y "VERIFICAR PRIMERO."

Estado de Florida

Departamento de Estado

Yo certifico desde los archivos de esta oficina que EL CUBO, LLC es una compañía de responsabilidad limitada, organizada bajo las leyes del Estado de Florida, archivada el 10 de Julio, 2008.

El número de documento de esta compañía es L08000066663.

Además yo certifico que dicha compañía ha pagado todas las cuotas debidas a esta oficina hasta el 31 de diciembre, 2019, y su reporte anual ha sido archivado el 1 de marzo, 2019 y su estado es activo.

Entregado bajo mi mano y el Gran
Sella del Estado de Florida, en
Tallahassee, la capital, este es el día 1 de
marzo,2019.

Laurel M. Lee
Secretario de Estado

Numero de rastreo: 3838174383CU

Para autenticar este certificado visite el sitio de web abajo

https://services-sunbiz.org/Filings/CertificateofStatus/Certificate/Authenticate

Yo, Pablo Roberto Cevallos Fonseca, certifico que el presente documento contentivo de dos (2) hojas es una traducción del idioma inglés al castellano de aquel documento que me fuera exhibido y que lo he traducido conforme mi leal saber y entender.

Quito, 5 de abril de 2019

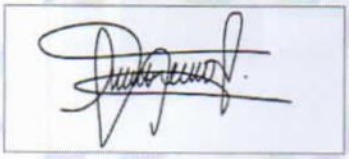
Pablo Roberto Cevallos Fonseca
CC. 1708978109

REPÚBLICA DEL ECUADOR
Dirección General de Registro Civil, Identificación y Cedulación

Dirección General de Registro Civil
Identificación y Cedulación

NOTARIA OCTAVA
Dr. Jaime Espinoza Cabrera

CERTIFICADO DIGITAL DE DATOS DE IDENTIDAD



Número único de identificación: 1708978109

Nombres del ciudadano: CEVALLOS FONSECA PABLO ROBERTO

Condición del cedulado: CIUDADANO

Lugar de nacimiento: ECUADOR/PICHINCHA/QUITO/BENALCAZAR

Fecha de nacimiento: 16 DE ENERO DE 1974

Nacionalidad: ECUATORIANA

Sexo: HOMBRE

Instrucción: SUPERIOR

Profesión: DOCTOR - LEYES

Estado Civil: DIVORCIADO

Cónyuge: No Registra

Nombres del padre: CEVALLOS MARIO ROBERTO

Nacionalidad: ECUATORIANA

Nombres de la madre: FONSECA MARIA DE LOURDES

Nacionalidad: ECUATORIANA

Fecha de expedición: 17 DE OCTUBRE DE 2016

Condición de donante: SI DONANTE

Información certificada a la fecha: 5 DE ABRIL DE 2019
Emisor: CLAUDIA MAGALI ARBOLEDA AREVALO - PICHINCHA-QUITO-NT 8 - PICHINCHA - QUITO

N° de certificado: 194-213-65604

194-213-65604

Lcdo. Vicente Taiano G.
Director General del Registro Civil, Identificación y Cedulación
Documento firmado electrónicamente

La institución o persona ante quien se presente este certificado deberá validarlo en:**https://virtual.registrocivil.gob.ec**, conforme a la LOGIDAC Art. 4, numeral 1 y a la LCE.

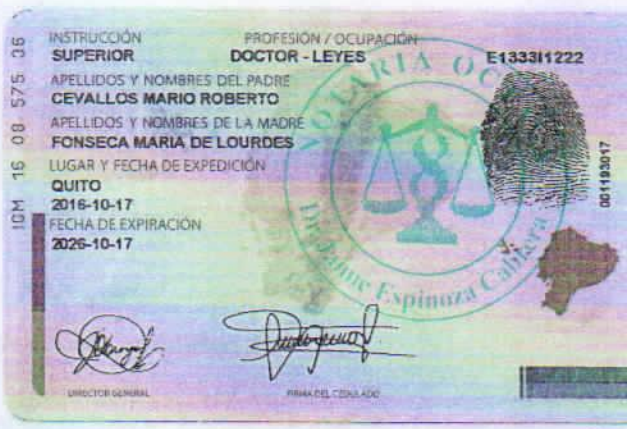
REPÚBLICA DEL ECUADOR
DIRECCIÓN GENERAL DE REGISTRO CIVIL, IDENTIFICACIÓN Y CEDULACIÓN

CÉDULA DE CIUDADANÍA
No. 170897810-9

APELLIDOS Y NOMBRES
CEVALLOS FONSECA
PABLO ROBERTO

LUGAR DE NACIMIENTO
PICHINCHA
QUITO
BENALCAZAR

FECHA DE NACIMIENTO 1974-01-16
NACIONALIDAD ECUATORIANA
SEXO HOMBRE
ESTADO CIVIL DIVORCIADO



INSTRUCCIÓN SUPERIOR
PROFESIÓN / OCUPACIÓN DOCTOR - LEYES
E1333I1222

APELLIDOS Y NOMBRES DEL PADRE
CEVALLOS MARIO ROBERTO

APELLIDOS Y NOMBRES DE LA MADRE
FONSECA MARIA DE LOURDES

LUGAR Y FECHA DE EXPEDICIÓN
QUITO
2016-10-17

FECHA DE EXPIRACIÓN
2026-10-17

IGM 16 08 575 36

001193017

DIRECTOR GENERAL

FIRMA DEL CEDULADO

CERTIFICADO DE VOTACIÓN
24 - MARZO - 2019
CNE

0025 M
JUNTA No.

0025 - 123
CERTIFICADO No.

1708978109
CÉDULA No.

CEVALLOS FONSECA PABLO ROBERTO
APELLIDOS Y NOMBRES

PROVINCIA: PICHINCHA

CANTÓN: QUITO

CIRCUNSCRIPCIÓN: 1

PARROQUIA: JIPIJAPA

ZONA: 1

ELECCIONES
SECCIONALES Y CPCCS
2019

CIUDADANA/O:

ESTE DOCUMENTO ACREDITA QUE USTED SUFRAGÓ EN EL PROCESO ELECTORAL 2019

F. PRESIDENTA/E DE LA JRV

Facultado por la Ley Notarial (Art. 18 Num. 5 Lit. a) y guardando un ejemplar DOY FE que la(s) fotocopia(s) que antecede(n) es (son) igual(es) al (los) documento(s) que en original(es) me fue(ron) exhibido(s) y devuelto(s) al peticionario en una (1) foja(s)

Quito, 05 ABR 2019

Jaime Rafael Espinoza Cabrera
NOTARIO 8 QUITO

QUITO - ECUADOR

RESOLUCIÓN NO. SCVS-IRQ-DRS-SNR-2017-00021176

GIOVANNA GASTELÚ CONCHA
SUBDIRECTORA DE NORMATIVA Y RECLAMOS

CONSIDERANDO:

QUE el segundo inciso del artículo 20 del Reglamento General a la Ley General de Seguros, establece que previa la inscripción en el libro de acciones y accionistas el Superintendente de Bancos calificará la transferencia, suscripción, adjudicación o participación de acciones;

QUE mediante Registro Oficial Edición Especial 44 de 24 de julio de 2017, se publicó la Codificación de Resoluciones Monetarias, Financieras, de Valores y Seguros, expedida con Resolución No. 385-2017-A de 22 de mayo de 2017 por la Junta de Política y Regulación Monetaria y Financiera;

QUE en el capítulo XIV "Normas para la inscripción de las transferencias y/o suscripciones de Acciones y Participaciones por parte de las Entidades del Sistema de Seguros Privado" Título III "De la Vigilancia, Control, e Información del Sistema de Seguro Privado", del Libro III de la Codificación de Resoluciones Monetarias, Financieras, de Valores y Seguros, dispone que la Superintendencia de Compañías, Valores y Seguros calificará la responsabilidad, idoneidad y solvencia del cesionario o suscriptor de las acciones, sea éste nacional o extranjero, de las entidades del sistema de seguro privado, previa a su inscripción en el libro de acciones y accionistas, para lo cual debe cumplir con los requisitos legales que dispone la norma;

QUE mediante comunicación ingresada el 23 de agosto de 2017 a este organismo de control, el representante legal de la compañía WOA ECUADOR AGENCIA ASESORA PRODUCTORA DE SEGUROS S.A., notifica la cesión de acciones realizadas por los señores Santiago Oleas Ordóñez y Pablo Fernando Oleas Ordóñez a favor de la compañía EL CUBO LLC a través de su representante legal la señora Lourdes Frances Peters y solicita que se califique la responsabilidad, idoneidad y solvencia de la cesionaria del 60% del capital social de la compañía referida;

QUE la Subdirección de Normativa y Reclamos mediante memorando No. SCVS-IRQ-DRSP-SNR-2017-0111-M de 27 de septiembre de 2017, determina que se ha dado cumplimiento a lo dispuesto en el segundo inciso del artículo 20 del Reglamento General a la Ley General de Seguros y en la normativa establecida en el capítulo XIV "Normas para la inscripción de las transferencias y/o suscripciones de Acciones y Participaciones por parte de las Entidades del Sistema de Seguros Privado" Título III "De la Vigilancia, Control, e Información del Sistema de Seguro Privado", del Libro III de la Codificación de Resoluciones Monetarias, Financieras, de Valores y Seguros; y,

EN ejercicio de las atribuciones delegadas por la Superintendenta de Compañías, Valores y Seguros, mediante resolución No. ADM-17-040 de 26 de abril de 2017,

RESUELVE:

ARTÍCULO ÚNICO.- CALIFICAR la responsabilidad, idoneidad y solvencia de la compañía cesionaria EL CUBO LLC de nacionalidad estadounidense, a través de su representante legal, la señora Lourdes Frances Peters, con la indicación de que puede proceder a la inscripción de la cesión en el correspondiente Libro de Acciones y Accionistas de la compañía WOA ECUADOR AGENCIA ASESORA PRODUCTORA DE SEGUROS S.A.

COMUNÍQUESE.- Dada en la Superintendencia de Compañías, Valores y Seguros, en Quito, Distrito Metropolitano, 2 de octubre de 2017.

GIOVANNA GASTELÚ CONCHA
SUBDIRECTORA DE NORMATIVA Y RECLAMOS

Signature Not Verified
Digitally signed by NANCY GIOVANNA GASTELU CONCHA
Date: 2017.10.02 12:29:47 ECT
Location: SCVS

CARTA DE CESIÓN DE ACCIONES

Quito, 2 de octubre de 2017

Señor
Santiago Oleas
Gerente General
WOA ECUADOR AGENCIA ASESORA PRODUCTORA DE SEGUROS S.A.
Ciudad.-

De nuestra consideración:

En cumplimiento de lo dispuesto en el inciso segundo del artículo 189 de la Ley de Compañías, nosotros, Pablo Oleas Ordoñez y Grace Elizabeth Pareja Stoyell, en calidad de cónyuges, y la señora Lourdes Peters en calidad de representante legal de EL CUBO LLC., en las calidades de CEDENTE y CESIONARIA, respectivamente, damos a conocer que el día de hoy 2 de octubre de 2017, el señor Pablo Oleas Ordoñez y su cónyuge, la señora Grace Elizabeth Pareja Stoyell, han cedido a favor de la compañía estadounidense EL CUBO LLC., la cantidad de 80 acciones dentro del capital social de la compañía WOA ECUADOR AGENCIA ASESORA PRODUCTORA DE SEGUROS S.A. con RUC N° 1792488486001, equivalente al 10,00% dentro del capital de la sociedad que asciende a USD. 800,00. La transferencia de acciones se detalla así:

WOA ECUADOR AGENCIA ASESORA PRODUCTORA DE SEGUROS S.A.

CEDENTE	CESIONARIO	ACCIONES TRANSFERIDAS	VALOR NOMINAL USD.	VALOR TOTAL USD.	VALOR DE LA TRANSACCIÓN POR ACCIÓN USD.	VALOR DE LA TRANSACCIÓN USD.
PABLO OLEAS ORDOÑEZ Y GRACE ELIZABETH PAREJA STOYELL	EL CUBO LLC.	80	1,00	80,00	1,00	80,00
TOTALES		80	1,00	80,00	1,00	80,00

Las acciones transferidas son indivisibles, ordinarias y nominativas, encontrándose todas ellas liberadas. El tipo de inversión para la adquisición de las acciones es extranjero. El cedente es de nacionalidad ecuatoriano, de estado civil soltero; y, la cesionaria de nacionalidad estadounidense, quien declara que el dinero con el que adquiere las acciones es de legítima procedencia y no proviene de actividades relacionadas con el lavado de activos. La presente transferencia de acciones es a título oneroso y ha sido autorizada por la Superintendencia de Compañías, Valores y Seguros mediante Resolución No. SCVS-IRQ-DRS-SNR-2017-00021176 de 2 de octubre de 2017.

PABLO OLEAS ORDOÑEZ
EL CEDENTE – CC. 1706567651

EL CUBO LLC.
LA CESIONARIA

GRACE ELIZABETH PAREJA STOYELL
LA CEDENTE – CC. 1705359527

REPUBLICA DEL ECUADOR
DIRECCION GENERAL DE REGISTRO CIVIL
IDENTIFICACION Y CEDULACION

CEDULA DE CIUDADANIA No. 170656763-1
OLEAS ORDOÑEZ PABLO FERNANDO
PICHINCHA/QUITO/SANTA PRISCA
15 ENERO 1971
005- 0118 03436 M
PICHINCHA/ QUITO
GONZALEZ SUAREZ 1971

ECUATORIANA****** E4333V3222
SOLTERO
SECUNDARIA EMPLEADO PARTICULAR
SANTIAGO OLEAS
MARTHA ORDOÑEZ
QUITO 09/05/2012
09/05/2024
DUP 0022951

REPUBLICA DEL ECUADOR
CONSEJO NACIONAL ELECTORAL
CNE

CERTIFICADO DE VOTACIÓN
ELECCIONES SECCIONALES 23-FEB-2014

018

018 - 0285 1706567631
NÚMERO DE CERTIFICADO CÉDULA

OLEAS ORDOÑEZ PABLO FERNANDO

PICHINCHA PROVINCIA
QUITO CANTÓN
CIRCUNSCRIPCIÓN 2
BELISARIO QUEVEDO PARROQUIA
2 ZONA

f.) PRESIDENTA/E DE LA JUNTA

REPÚBLICA DEL ECUADOR
DIRECCIÓN GENERAL DE REGISTRO CIVIL, IDENTIFICACIÓN Y CEDULACIÓN

CÉDULA DE CIUDADANÍA No. 170656763-1

APELLIDOS Y NOMBRES
OLEAS ORDOÑEZ
PABLO FERNANDO

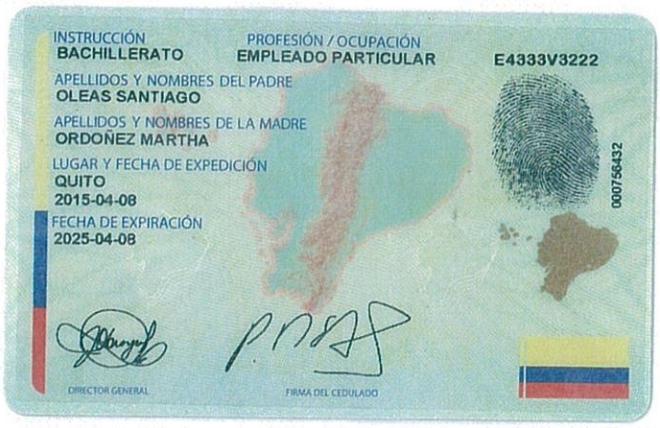
LUGAR DE NACIMIENTO
PICHINCHA
QUITO
SANTA PRISCA

FECHA DE NACIMIENTO 1971-01-15

NACIONALIDAD ECUATORIANA

SEXO M

ESTADO CIVIL CASADO
GRACE ELIZABETH
PAREJA STOYELL



INSTRUCCIÓN
BACHILLERATO

PROFESIÓN / OCUPACIÓN
EMPLEADO PARTICULAR

E4333V3222

APELLIDOS Y NOMBRES DEL PADRE
OLEAS SANTIAGO

APELLIDOS Y NOMBRES DE LA MADRE
ORDOÑEZ MARTHA

LUGAR Y FECHA DE EXPEDICIÓN
QUITO
2015-04-08

FECHA DE EXPIRACIÓN
2025-04-08

000756432

DIRECTOR GENERAL

FIRMA DEL CEDULADO

CERTIFICADO DE VOTACIÓN
ELECCIONES GENERALES 2017
2 DE ABRIL 2017

CNE
CONSEJO NACIONAL ELECTORAL

REPÚBLICA DEL ECUADOR

019
JUNTA No

019 - 130
NÚMERO

1706567631
CÉDULA

OLEAS ORDOÑEZ PABLO FERNANDO
APELLIDOS Y NOMBRES

PICHINCHA
PROVINCIA

CIRCUNSCRIPCIÓN: 1

QUITO
CANTÓN

ZONA: 2

BELISARIO QUEVEDO
PARROQUIA

CNE
CONSEJO NACIONAL ELECTORAL

ECUADOR ELIGE CON TRANSPARENCIA

ELECCIONES 2017
GARANTIZAMOS TU DECISIÓN

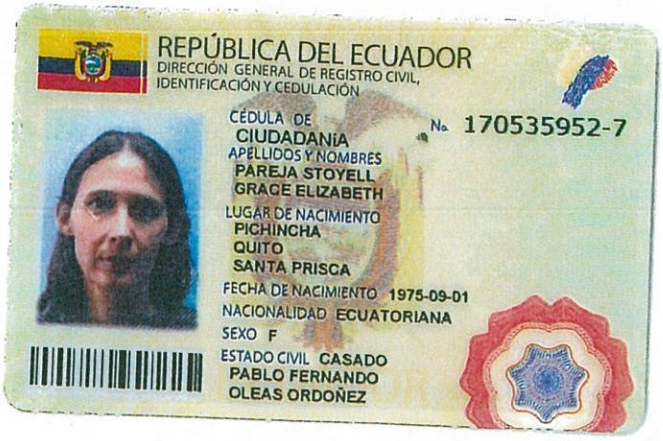
CIUDADANA (O):

ESTE DOCUMENTO ACREDITA QUE USTED
SUFRAGÓ EN LAS ELECCIONES GENERALES 2017

ESTE CERTIFICADO SIRVE PARA TODOS
LOS TRÁMITES PÚBLICOS Y PRIVADOS

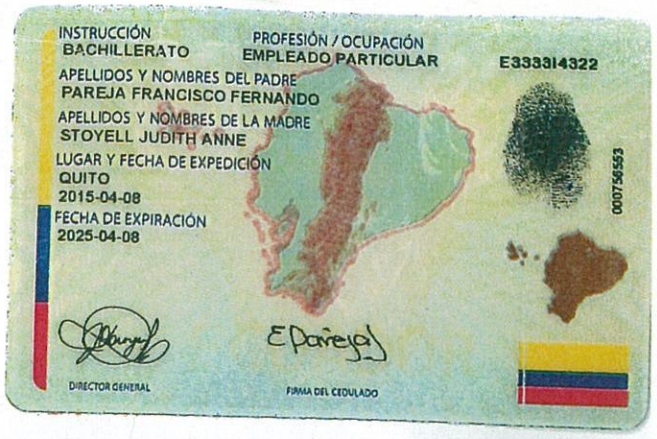
F.) PRESIDENTA/E DE LA JRV

IMP.IGM.MJ



REPÚBLICA DEL ECUADOR
DIRECCIÓN GENERAL DE REGISTRO CIVIL, IDENTIFICACIÓN Y CEDULACIÓN

CÉDULA DE CIUDADANÍA No. 170535952-7
APELLIDOS Y NOMBRES
PAREJA STOYELL
GRACE ELIZABETH
LUGAR DE NACIMIENTO
PICHINCHA
QUITO
SANTA PRISCA
FECHA DE NACIMIENTO 1975-09-01
NACIONALIDAD ECUATORIANA
SEXO F
ESTADO CIVIL CASADO
PABLO FERNANDO
OLEAS ORDOÑEZ



INSTRUCCIÓN
BACHILLERATO
PROFESIÓN / OCUPACIÓN
EMPLEADO PARTICULAR
E333314322
APELLIDOS Y NOMBRES DEL PADRE
PAREJA FRANCISCO FERNANDO
APELLIDOS Y NOMBRES DE LA MADRE
STOYELL JUDITH ANNE
LUGAR Y FECHA DE EXPEDICIÓN
QUITO
2015-04-08
FECHA DE EXPIRACIÓN
2025-04-08
0007565553
DIRECTOR GENERAL
FIRMA DEL CEDULADO

REPÚBLICA DEL ECUADOR
CERTIFICADO DE VOTACIÓN
ELECCIONES GENERALES 2017
2 DE ABRIL 2017
CONSEJO NACIONAL ELECTORAL

026
JUNTA No.
026 - 238
NÚMERO
1705359527
CÉDULA
PAREJA STOYELL GRACE ELIZABETH
APELLIDOS Y NOMBRES
PICHINCHA
PROVINCIA
CIRCUNSCRIPCIÓN: 1
QUITO
CANTÓN
ZONA: 2
IÑAQUITO
PARROQUIA

CONSEJO NACIONAL ELECTORAL
ECUADOR ELIGE CON TRANSPARENCIA
ELECCIONES 2017
GARANTIZAMOS TU DECISIÓN

CIUDADANA (O):

ESTE DOCUMENTO ACREDITA QUE USTED SUFRAGÓ EN LAS ELECCIONES GENERALES 2017

ESTE CERTIFICADO SIRVE PARA TODOS LOS TRÁMITES PÚBLICOS Y PRIVADOS

F.) PRESIDENTA/E DE LA JRV

IMP.IGM.MJ


We the People
Of the United States
SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR
PASSPORT
PASSEPORT
PASAPORTE
USA
UNITED STATES OF AMERICA
Type / Type / Tipo
P
USA
488618003
Surname / Nom / Apellidos
PETERS
Given Names / Prénoms / Nombres
LOURDES FRANCES
Nationality / Nationalité / Nacionalidad
UNITED STATES OF AMERICA
Date of birth / Date de naissance / Fecha de nacimiento
16 Sep 1955
Place of birth / Lieu de naissance / Lugar de nacimiento
CUBA
Date of issue / Date de délivrance / Fecha de expedición
17 Jul 2013
Date of expiration / Date d'expiration / Fecha de caducidad
16 Jul 2023
Endorsements / Mentions Spéciales / Anotaciones
SEE PAGE 51
Sex / Sexe / Sexo
F
Authority / Autorité / Autoridad
United States
Department of State
USA
P<USAPETERS<<LOURDES<FRANCES<<<<<<<<<<<<<<<<
488618003 6USA5509162F2307161510946165<705186

State of Florida

Department of State

APOSTILLE

(Convention de La Haye du 5 octobre 1961)

1. Country: United States of America

This public document

2. has been signed by Jose Betancourt

3. acting in the capacity of Notary Public of Florida

4. bears the seal/stamp of Notary Public, State of Florida

Certified

5. at Tallahassee, Florida

6. the Twenty-Seventh day of April, A.D., 2015

7. by Secretary of State, State of Florida

8. No. 2015-46712

9. Seal/Stamp:

GREAT SEAL OF THE STATE OF FLORIDA
IN GOD WE TRUST

10. Signature:

Ken Detzner

Secretary of State

DSDE 99 (2/12)

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000066663

Entity Name: EL CUBO, LLC

Current Principal Place of Business:

703 WATERFORD WAY, SUITE 560
MIAMI, FL 33126

Current Mailing Address:

703 WATERFORD WAY, SUITE 560
MIAMI, FL 33126 US

FEI Number: 36-4640688

FILED
Apr 16, 2015
Secretary of State
CC5399898861

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PETERS, LOURDES F
703 WATERFORD WAY #560
MIAMI, FL 33126 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: LOURDES F PETERS 04/16/2015

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGR	Title	CFO
Name	PETERS, LOURDES FCEO	Name	GARCIA-BARBON, ALINA CFO
Address	703 WATERFORD WAY, SUITE 560	Address	703 WATERFORD WAY, SUITE 560
City-State-Zip:	MIAMI FL 33126	City-State-Zip:	MIAMI FL 33126

Title	VP
Name	GARCIA, MAIKEL
Address	703 WATERFORD WAY, SUITE 560
City-State-Zip:	MIAMI FL 33126

STATE OF FLORIDA
COUNTY OF Miami-Dade

On this 27 day of April, 2015
I attest that the preceding or attached
Document is a true, exact, complete,
And unaltered photocopy made by
Me of Annual Report,
Presented to me by the document's
Custodian, El Cubo, LLC.

NOTARY

JOSE BETANCOURT
Notary Public - State of Florida
My Comm. Expires Oct 17, 2015
Commission # FF 146655
Bonded Through National Notary Assn.

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LOURDES PETERS MGMR 04/16/2015

Electronic Signature of Signing Authorized Person(s) Detail — Date

Quito, 29 de junio del 2015

A quien corresponda,

Yo, Martín Argüello Sánchez, con cédula de identidad # 171402484-9, declaro que cuidadosamente he traducido el presente documento del idioma inglés al español; aplicando mi conocimiento adquirido de la lengua extranjera conforme a redacción, gramática, vocabulario y comprensión de lectura.

Atentamente,

Martín Argüello Sánchez

REPÚBLICA DEL ECUADOR
DIRECCIÓN GENERAL DE REGISTRO CIVIL, IDENTIFICACIÓN Y CEDULACIÓN

CÉDULA DE **CIUDADANIA** No. **171402484-9**

APELLIDOS Y NOMBRES
ARGUELLO SANCHEZ
MARTIN NICOLAS

LUGAR DE NACIMIENTO
PICHINCHA
QUITO
BENALCAZAR

FECHA DE NACIMIENTO **1986-10-31**

NACIONALIDAD **ECUATORIANA**

SEXO **M**

ESTADO CIVIL **SOLTERO**

INSTRUCCIÓN **SUPERIOR**

PROFESIÓN / OCUPACIÓN **ESTUDIANTE**

E3343I3244

APELLIDOS Y NOMBRES DEL PADRE
ARGUELLO SANTIAGO RENE

APELLIDOS Y NOMBRES DE LA MADRE
SANCHEZ MAGDALENA DE LAS M

LUGAR Y FECHA DE EXPEDICIÓN
QUITO
2013-02-15

FECHA DE EXPIRACIÓN
2023-02-15

DIRECTOR GENERAL

FIRMA DEL CEDULADO

UNIVERSITY *of* CAMBRIDGE
ESOL Examinations

English for Speakers of Other Languages

Level 1 Certificate in English (ESOL)*

This is to certify that

MARTÍN ARGUELLO SÁNCHEZ

has been awarded

Grade C

in the

First Certificate in English

Council of Europe Level B2

Date of Examination	JUNE 2006
Place of Entry	QUITO
Reference Number	066EC0070151
Accreditation Number	100/2032/9

*This level refers to the UK National Qualifications Framework

M. Milanovic

Michael Milanovic
Chief Executive

Date of Issue 07/08/06

Certificate Number 0016157376

QCA Qualifications and Curriculum Authority

cea Rewarding Learning

accac

DP495

U.S. Department of State

CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR(J-1) STATUS

OMB APPROVAL NO.1405-0119
EXPIRES: 04-30-2008
ESTIMATED BURDEN TIME: 45 min
*See Page 2

1. Family Name:	First Name:	Middle Name:	Gender:	
Arguello Sanchez	Martin	Nicolas	MALE	N0003476639

Date of Birth(mm-dd-yyyy):	City of Birth:	Country of Birth:	Citizenship Country Code:	Citizenship Country:
10-31-1988	Quito	ECUADOR	EC	ECUADOR

J-1

Legal Permanent Residence Country Code:	Legal Permanent Residence Country:	Position Code:	Position:
EC	ECUADOR	223	SECONDARY SCHOOL STUDENT

U.S. Address: 300 Ingram Ave.
Campbellsville, KY 42718

2. Program Sponsor: International Student Exchange
Exchange Visitor Program Number: P-3-05104

Participating Program Official Description:
STUDENT SECONDARY

Purpose of this form: Begin new program; accompanied by number (0) of immediate family members.

3. Form Covers Period:
From (mm-dd-yyyy): 07-20-2006
To (mm-dd-yyyy): 06-30-2007

4. Exchange Visitor Category: STUDENT SECONDARY

Subject/Field Code: 53.0299
Subject/Field Code Remarks: none

5. During the period covered by this form, the total estimated financial support(in U.S. $) is to be provided to the exchange visitor by:
Personal funds : $3,000.00
Total : $3,000.00

6. U.S. DEPARTMENT OF STATE / INS USE OR CERTIFICATION BY RESPONSIBLE OFFICER THAT A NOTIFICATION COPY OF THIS FORM HAS BEEN PROVIDED TO THE U.S. DEPARTMENT OF STATE (INCLUDE DATE).

7. Jordan Nagler — Name of Official Preparing Form
Responsible Officer — Title
119 Cooper Street
Babylon, NY 11702 — Address of Responsible Officer or Alternate Responsible Officer
631-893-4540 — Telephone Number
Signature of Responsible Officer or Alternate Responsible Officer
05-18-2006 — Date (mm-dd-yyyy)

8. Statement of Responsible Officer for Releasing Sponsor (FOR TRANSFER OF PROGRAM)
Effective date(mm-dd-yyyy) _____, Transfer of this exchange visitor from program number _____ sponsored by _____ to the program specified in item 2 is necessary or highly desirable and is in conformity with the objectives of the Mutual Educational and Cultural Exchange Act of 1961, as amended.

Signature of Responsible Officer or Alternate Responsible Officer
Date(mm-dd-yyyy) of Signature

PRELIMINARY ENDORSEMENT OF CONSULAR OR IMMIGRATION OFFICER REGARDING SECTION 212(e) OF THE IMMIGRATION AND NATIONALITY ACT AND PL 94-484, AS AMENDED (see item 1(a) of page 2).

The Exchange Visitor in the above program:

1. [x] Not subject to the two-year residence requirement.
2. [ ] Subject to two-year residence requirement based on:
   - A. [ ] Government financing and/or
   - B. [x] The Exchange Visitor Skills List and/or
   - C [ ] PL 94-484 as amended

(ALL USAID PARTICIPANTS G-2-0263 AND ALL ALIEN PHYSICIANS SPONSORED BY P-3-4510 ARE SUBJECT TO THE TWO-YEAR HOME RESIDENCE REQUIREMENT)

Erik Martini — Name
VC — Title
Signature of Consular or Immigration Officer
7/6/06 — Date (mm-dd-yyyy)

THE U. S. DEPARTMENT OF STATE RESERVES THE RIGHT TO MAKE FINAL DETERMINATION REGARDING 212(e).

TRAVEL VALIDATION BY RESPONSIBLE OFFICER
(Maximum validation period is one year*)

*EXCEPT: Maximum validation period is up to six months for Short-term Scholars and four months for Camp Counselors and Summer Travel/Work.

(1) Exchange Visitor is in good standing at the present time
Date (mm-dd-yyyy)
Signature of Responsible Officer or Alternate Responsible Officer

(2) Exchange Visitor is in good standing at the present time
Date (mm-dd-yyyy)
Signature of Responsible Officer or Alternate Responsible Officer

EXCHANGE VISITOR CERTIFICATION: I have read and agree with the statement on item 2 on page 2 of this document.

Martín Arguello S. — Signature of Applicant
QUITO- ECUADOR — Place
07/05/2006 — Date (mm-dd-yyyy)

INSTRUCTIONS FOR AND CERTIFICATION BY THE ALIEN BENEFICIARY NAMED ON PAGE 1 OF THIS FORM:

Read this page and sign the Exchange Visitor Certification block on the bottom of page1 and prior to presentation to a United States Consular or Immigration Official.

1. I understand that the following conditions are applicable to exchange visitors:

(a) **TWO-YEAR HOME-COUNTRY PHYSICAL PRESENCE REQUIREMENT** ***(SECTION 212(e) OF THE IMMIGRATION AND NATIONALITY ACT AND PL 94-484, AS AMENDED):***

RULE: Exchange visitors whose programs are financed in whole or in part, directly or indirectly by either their government or by the U.S. Government, are required to reside in their home-country for two years following completion of their program before they are eligible for immigrant status, temporary worker *(H)* status, or intracompany transferee *(L)* status. Likewise, if exchange visitors are acquiring a skill which is in short supply in their home country *(these skills appear on the "Exchange Visitor Skills List")* they will be subject to the same two-year home-country residence requirement. The requirement also is applicable to alien physicians entering the United States to receive graduate medical education or training. The U.S. Department of State reserves the right to make the final determination regarding 212*(e)*.

NOTE: MARRIAGE TO A U.S. CITIZEN OR LEGAL PERMANENT RESIDENT, OR BIRTH OF A CHILD IN THE UNITED STATES DOES NOT REMOVE THIS REQUIREMENT.

(b) ***Extension of Stay/Program Transfers:*** A completed Form DS-2019 is required in order to apply for a program extension or program transfer, and must be obtained from or with the assistance of the sponsor.

(c) ***Limitation of Stay:*** ***STUDENTS*** - as long as they pursue a full course of study towards a degree, or if engaged full-time in a non-degree program, up to 24 months. Students for whom the sponsor recommends academic training may be permitted to remain for an additional period of up to 18 months after receiving their degree or certificate; post-doctoral academic training may be approved by the sponsor for a period not to exceed 36 months; **SECONDARY STUDENTS** - up to 1 academic year; **TRAINEES** - 18 months; **FLIGHT TRAINEES** - 24 months; **TEACHERS, PROFESSORS**, and **RESEARCH SCHOLARS** - 3 years; **SHORT-TERM SCHOLARS** - 6 months; **SPECIALISTS** - 1 year; **INTERNATIONAL VISITORS** - 1 year; **ALIEN PHYSICIAN** - the time typically required to complete the medical specialty involved but limited to 7 years with the possibility of extension if approved by the U.S. Department of State; **GOVERNMENT VISITOR** - up to 18 months; **CAMP COUNSELOR**- up to 4 months; **SUMMER TRAVEL/WORK**- up to 4 months; **AU PAIR**- 1 year ; **INTERN** - up to 12 months.

(d) ***Documentation Required for Admission/Readmission as an Exchange Visitor:*** To be eligible for admission to the United States, an exchange visitor must present the following at the port of entry: *(1)* a valid nonimmigrant visa, unless exempt from nonimmigrant visa requirements; *(2)* a passport valid for 6 months beyond the anticipated period of admission, unless exempt from passport requirements; *(3)* a properly executed Form DS-2019 *(with 2-D barcode)* which must be retained by the exchange visitor for readmission within the period of previously authorized stay. Exchange visitors are permitted to travel abroad and maintain status *(e.g., obtain a new visa)* under duration of the program as indicated by the dates on this form *(see item 3 on page 1 of this form)*.

Change of Visa Status: Exchange visitors *(and dependents)* are expected to leave the United States upon completion of their program objective. Exchange visitors who are subject to the two-year home-country physical presence requirement are not eligible to change their status while in the United States to any other nonimmigrant category except, if applicable, that of official or employee of a foreign government *(A)* or an international organization *(G)* or member of the family or attendant of either of these types of officials or employees.

(f) **Insurance:** Exchange visitors are required to have medical insurance in effect for themselves and any accompanying spouse and minor children on J visas for the duration of their exchange program. At a minimum, insurance coverage shall include: *(1)* medical benefits of at least U.S. $50,000 per person per accident or illness; *(2)* repatriation of remains in the amount of U.S. $7,500; and *(3)* expenses associated with medical evacuation in the amount of U.S. $10,000. A policy secured to fulfill the insurance requirements shall not have a deductible that exceeds U.S. $500 per accident or illness, and must meet other standards specified in the Exchange Visitor Program regulations, 22 CFR Part 62.14. For details, consult your program's Responsible Officer *(see item 7 on page 1 of this form)*.

2. ***EXCHANGE VISITOR CERTIFICATION:*** I have read and understand the foregoing, including the Two-Year Home-Country Physical Presence Requirement, and agree to comply with the Exchange Visitor Program regulations, as amended *(22 CFR Part 62)*. I certify that all the information on the Form DS-2019 is true and correct to the best of my knowledge. I agree that I will maintain compliance with the insurance regulations as specified in 22 CFR 62.14, including maintaining health insurance coverage for myself and my J-2 dependents throughout my J-1 program. **I understand that it is my responsibility to maintain my exchange visitor status.** For the purposes of 20 U.S.C. 1232g and 22 CFR 62, I authorize the U.S. Department of State-designated sponsor and any educational institution named on the Form DS-2019 to release information to the U.S. Department of State relating to compliance with Exchange Visitor Program regulations.

NOTICE TO ALL EXCHANGE VISITORS

To facilitate your readmission to the United States after a visit in another country other than a contiguous territory or adjacent islands, you should have the Responsible Officer of your sponsoring organization indicate on the TRAVEL VALIDATION BY RESPONSIBLE OFFICER or Alternate Responsible Officer section of the Form DS-2019 that you continue to be in good standing.

The signature of the Responsible Officer or the Alternate Responsible Officer on the Form DS-2019 is valid for up to one year* or until the end date in item 3 on page 1 of this Form, or to the validation date authorized by the Responsible Officer, whichever occurs sooner.

***EXCEPT:** Maximum validation period is up to six months for Short-term Scholars and four months for Camp Counselors and Summer Travel/Work.

Under the Mutual Educational and Cultural Exchange Act of 1961, as amended, the U.S. Department of State has been delegated the authority to designate Exchange Visitor Programs for U.S. Government agencies, and for public and private educational and cultural exchange organizations. The information is used by Exchange Visitor Program sponsors to appropriately identify an individual seeking to enter the United States as an exchange visitor. The completed form is sent to the prospective exchange visitor abroad, who takes it to the U.S. Consulate *(Embassy)* to secure an exchange visitor *(J-1, J-2)* visa. Responses are mandatory. An Agency or organization may not conduct or sponsor, and the respondent is not required to respond to a collection of information unless it displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, researching existing data sources, gathering and maintaining the data needed, completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: U.S. Department of State, A/RPS/DIR, Washington, D.C. 20520.

Una copia en blanco y negro de este documento no es oficial.

Estado de Florida

Departamento de Estado

APOSTILLA

(Convención de La Haya del 5 de octubre 1961)

1. País: Estados Unidos de América
   Este documento público
2. ha sido firmado por José Betancourt
3. actuando en la capacidad de Notario Público de Florida
4. lleva el sello/estampa de Notario Público, Estado de Florida

Certificado

5. en Tallahassee, Florida
6. el Día Veintisiete de Abril, D.C., 2015
7. por Secretario de Estado, Estado de Florida
8. No. 2015-46712
9. Sello/Estampa: 10. Firma:

Secretario de Estado

Este documento contiene una marca de agua verdadera. Sostener a la luz para ver "SEGURO" y "VERIFICAR PRIMERO"

REPORTE ANUAL DEL 2015 DE COMPAÑÍA DE RESPONSABILIDAD LIMITADA DE FLORIDA

Documento # L08000066663

LLENADO
16 DE Abril, 2015
Secretario de Estado
CC5399898861

Nombre de la Entidad: EL CUBO, LLC
Lugar de la Principal Sucursal del Negocio:
703 WATERFORD WAY, SUITE 560
MIAMI, FL 33126

Dirección de Correo Actual:
703 WATERFORD WAY, SUITE 560
MIAMI, FL 33126 US

Número FEI: 36-4640688

Certificado de Estatus Deseado: No

Nombre y Dirección del Actual Agente Registrado:
PETERS, LOURDES F.
703 WATERFORD WAY, SUITE 560
MIAMI, FL 33126 US

La entidad nombrada arriba presenta esta declaracion para el propósito de cambiar su cargo registrado o agente registrado, o ambos, en el Estado de Florida.

FIRMA: LOURDES F PETERS 16/04/2015
Firma Electrónica del Agente Registrado Fecha

Detalle de la Persona(s) Autorizada:

Título	MGR
Nombre	PETERS, LOURDES FCEO
Dirección:	703 WATERFORD WAY, SUITE 560
Ciudad- estado-zip:	Miami, FL 33126

Título	CFO
Nombre	GARCIA-BARBON, ALINA CFO
Dirección	703 WATERFORD WAY, SUITE 560
Ciudad- estado-zip:	Miami, FL 33126

Título	VP
Nombre	GARCIA, MAIKEL
Dirección	703 WATERFORD WAY, SUITE 560
Ciudad- estado-zip:	Miami, FL 33126

ESTADO DE FLORIDA
CONDADO DE Miami Dade.

ESTADO DE FLORIDA
CONDADO DE Miami Dade.

En este 27 de Abril del 2015
Yo atestiguo que el Documento precedente o adjunto es una verdadera, exacta, completa y inalterada fotocopia hecha por mí de Annual Report.
Presentado a mí por el custodio del documento El Cubo LLC.

NOTARIO

Por la presente certifico que la información indicada en este reporte o reporte suplementario es verdadera y exacta y que mi firma electrónica tendrá el mismo efecto legal como hecha bajo juramento, que yo soy un miembro gerencial o gerente de la compañía con responsabilidad limitada o el receptor o el fideicomisario apoderado para ejecutar este reporte como es requerido por el Capítulo 605, Estatutos de Florida; y que mi nombre aparezca arriba, o en un adjunto con todos los otros como apoderado.

FIRMA: LOURDES PETERS MGMR 16/04/2015
Firma Electrónica del Detalle de la Persona Autorizada para Firmar Fecha

State of Florida

Department of State

APOSTILLE

(Convention de La Haye du 5 octobre 1961)

1. Country: United States of America

This public document

2. has been signed by Jose Betancourt

3. acting in the capacity of Notary Public of Florida

4. bears the seal/stamp of Notary Public, State of Florida

Certified

5. at Tallahassee, Florida

6. the Twenty-Ninth day of April, A.D., 2015

7. by Secretary of State, State of Florida

8. No. 2015-47864

9. Seal/Stamp:

GREAT SEAL OF THE STATE OF FLORIDA
IN GOD WE TRUST

10. Signature:

Ken Detzner

Secretary of State

DSDE 99 (2/12)

State of Florida

Department of State

I certify from the records of this office that EL CUBO, LLC, is a limited liability company organized under the laws of the State of Florida, filed on July 10, 2008.

The document number of this company is L08000066663.

I further certify that said company has paid all fees due this office through December 31, 2008, and its status is active.

Authentication Code: 108A00040885-071108-L08000066663-1/1

STATE OF FLORIDA
COUNTY OF Miami-Dade

On this 27 day of April, 2015
I attest that the preceding or attached
Document is a true, exact, complete,
And unaltered photocopy made by
Me of Good Standing,
Presented to me by the document's
Custodian, El Cubo LLC.

NOTARY
JOSE BETANCOURT
Notary Public - State of Florida
My Comm. Expires Oct 17, 201
Commission # FF 146655
...ded Through National Notary As...

Given under my hand and the Great Seal of the State of Florida, at Tallahassee, the Capital, this the Eleventh day of July, 2008

Kurt S. Browning
Secretary of State

Quito, 29 de junio del 2015

A quien corresponda,

Yo, Martín Argüello Sánchez, con cédula de identidad # 171402484-9, declaro que cuidadosamente he traducido el presente documento del idioma inglés al español; aplicando mi conocimiento adquirido de la lengua extranjera conforme a redacción, gramática, vocabulario y comprensión de lectura.

Atentamente,

Martín Argüello Sánchez

REPÚBLICA DEL ECUADOR
DIRECCIÓN GENERAL DE REGISTRO CIVIL, IDENTIFICACIÓN Y CEDULACIÓN

CÉDULA DE **CIUDADANIA** No. **171402484-9**

APELLIDOS Y NOMBRES
ARGUELLO SANCHEZ
MARTIN NICOLAS

LUGAR DE NACIMIENTO
PICHINCHA
QUITO
BENALCAZAR

FECHA DE NACIMIENTO **1986-10-31**

NACIONALIDAD **ECUATORIANA**

SEXO **M**

ESTADO CIVIL **SOLTERO**

INSTRUCCIÓN **SUPERIOR**

PROFESIÓN / OCUPACIÓN **ESTUDIANTE**

E3343I3244

APELLIDOS Y NOMBRES DEL PADRE
ARGUELLO SANTIAGO RENE

APELLIDOS Y NOMBRES DE LA MADRE
SANCHEZ MAGDALENA DE LAS M

LUGAR Y FECHA DE EXPEDICIÓN
QUITO
2013-02-15

FECHA DE EXPIRACIÓN
2023-02-15

DIRECTOR GENERAL

FIRMA DEL CEDULADO

UNIVERSITY *of* CAMBRIDGE
ESOL Examinations

English for Speakers of Other Languages

Level 1 Certificate in English (ESOL)*

This is to certify that

MARTÍN ARGUELLO SÁNCHEZ

has been awarded

Grade C

in the

First Certificate in English

Council of Europe Level B2

Date of Examination	JUNE 2006
Place of Entry	QUITO
Reference Number	066EC0070151
Accreditation Number	100/2032/9

*This level refers to the UK National Qualifications Framework

M. Milanovic

Michael Milanovic
Chief Executive

Date of Issue 07/08/06

Certificate Number 0016157376

QCA Qualifications and Curriculum Authority

cea Rewarding Learning

accac

DP495

U.S. Department of State

CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR(J-1) STATUS

OMB APPROVAL NO.1405-0119
EXPIRES: 04-30-2008
ESTIMATED BURDEN TIME: 45 min
*See Page 2

1. Family Name:	First Name:	Middle Name:	Gender:	
Arguello Sanchez	Martin	Nicolas	MALE	N0003476639

Date of Birth(mm-dd-yyyy):	City of Birth:	Country of Birth:	Citizenship Country Code:	Citizenship Country:
10-31-1988	Quito	ECUADOR	EC	ECUADOR

J-1

Legal Permanent Residence Country Code:	Legal Permanent Residence Country:	Position Code:	Position:
EC	ECUADOR	223	SECONDARY SCHOOL STUDENT

U.S. Address: 300 Ingram Ave.
Campbellsville, KY 42718

2. Program Sponsor: International Student Exchange
Exchange Visitor Program Number: P-3-05104

Participating Program Official Description:
STUDENT SECONDARY

Purpose of this form: Begin new program; accompanied by number (0) of immediate family members.

3. Form Covers Period:
From (mm-dd-yyyy): 07-20-2006
To (mm-dd-yyyy): 06-30-2007

4. Exchange Visitor Category: STUDENT SECONDARY

Subject/Field Code: 53.0299
Subject/Field Code Remarks: none

5. During the period covered by this form, the total estimated financial support(in U.S. $) is to be provided to the exchange visitor by:
Personal funds : $3,000.00
Total : $3,000.00

6. U.S. DEPARTMENT OF STATE / INS USE OR CERTIFICATION BY RESPONSIBLE OFFICER THAT A NOTIFICATION COPY OF THIS FORM HAS BEEN PROVIDED TO THE U.S. DEPARTMENT OF STATE (INCLUDE DATE).

7. Jordan Nagler — Name of Official Preparing Form
Responsible Officer — Title
119 Cooper Street
Babylon, NY 11702 — Address of Responsible Officer or Alternate Responsible Officer
631-893-4540 — Telephone Number
Signature of Responsible Officer or Alternate Responsible Officer
05-18-2006 — Date (mm-dd-yyyy)

8. Statement of Responsible Officer for Releasing Sponsor (FOR TRANSFER OF PROGRAM)
Effective date(mm-dd-yyyy) _____, Transfer of this exchange visitor from program number _____ sponsored by _____ to the program specified in item 2 is necessary or highly desirable and is in conformity with the objectives of the Mutual Educational and Cultural Exchange Act of 1961, as amended.

Signature of Responsible Officer or Alternate Responsible Officer
Date(mm-dd-yyyy) of Signature

PRELIMINARY ENDORSEMENT OF CONSULAR OR IMMIGRATION OFFICER REGARDING SECTION 212(e) OF THE IMMIGRATION AND NATIONALITY ACT AND PL 94-484, AS AMENDED (see item 1(a) of page 2).

The Exchange Visitor in the above program:

1. [x] Not subject to the two-year residence requirement.
2. [ ] Subject to two-year residence requirement based on:
   - A. [ ] Government financing and/or
   - B. [x] The Exchange Visitor Skills List and/or
   - C [ ] PL 94-484 as amended

(ALL USAID PARTICIPANTS G-2-0263 AND ALL ALIEN PHYSICIANS SPONSORED BY P-3-4510 ARE SUBJECT TO THE TWO-YEAR HOME RESIDENCE REQUIREMENT)

Erik Martini — Name
VC — Title
Signature of Consular or Immigration Officer
7/6/06 — Date (mm-dd-yyyy)

THE U. S. DEPARTMENT OF STATE RESERVES THE RIGHT TO MAKE FINAL DETERMINATION REGARDING 212(e).

TRAVEL VALIDATION BY RESPONSIBLE OFFICER
(Maximum validation period is one year*)

*EXCEPT: Maximum validation period is up to six months for Short-term Scholars and four months for Camp Counselors and Summer Travel/Work.

(1) Exchange Visitor is in good standing at the present time
Date (mm-dd-yyyy)
Signature of Responsible Officer or Alternate Responsible Officer

(2) Exchange Visitor is in good standing at the present time
Date (mm-dd-yyyy)
Signature of Responsible Officer or Alternate Responsible Officer

EXCHANGE VISITOR CERTIFICATION: I have read and agree with the statement on item 2 on page 2 of this document.

Martín Arguello S. — Signature of Applicant
QUITO- ECUADOR — Place
07/05/2006 — Date (mm-dd-yyyy)

INSTRUCTIONS FOR AND CERTIFICATION BY THE ALIEN BENEFICIARY NAMED ON PAGE 1 OF THIS FORM:

Read this page and sign the Exchange Visitor Certification block on the bottom of page1 and prior to presentation to a United States Consular or Immigration Official.

1. I understand that the following conditions are applicable to exchange visitors:

(a) **TWO-YEAR HOME-COUNTRY PHYSICAL PRESENCE REQUIREMENT** ***(SECTION 212(e) OF THE IMMIGRATION AND NATIONALITY ACT AND PL 94-484, AS AMENDED):***

RULE: Exchange visitors whose programs are financed in whole or in part, directly or indirectly by either their government or by the U.S. Government, are required to reside in their home-country for two years following completion of their program before they are eligible for immigrant status, temporary worker *(H)* status, or intracompany transferee *(L)* status. Likewise, if exchange visitors are acquiring a skill which is in short supply in their home country *(these skills appear on the "Exchange Visitor Skills List")* they will be subject to the same two-year home-country residence requirement. The requirement also is applicable to alien physicians entering the United States to receive graduate medical education or training. The U.S. Department of State reserves the right to make the final determination regarding 212*(e)*.

NOTE: MARRIAGE TO A U.S. CITIZEN OR LEGAL PERMANENT RESIDENT, OR BIRTH OF A CHILD IN THE UNITED STATES DOES NOT REMOVE THIS REQUIREMENT.

(b) ***Extension of Stay/Program Transfers:*** A completed Form DS-2019 is required in order to apply for a program extension or program transfer, and must be obtained from or with the assistance of the sponsor.

(c) ***Limitation of Stay:*** ***STUDENTS*** - as long as they pursue a full course of study towards a degree, or if engaged full-time in a non-degree program, up to 24 months. Students for whom the sponsor recommends academic training may be permitted to remain for an additional period of up to 18 months after receiving their degree or certificate; post-doctoral academic training may be approved by the sponsor for a period not to exceed 36 months; **SECONDARY STUDENTS** - up to 1 academic year; **TRAINEES** - 18 months; **FLIGHT TRAINEES** - 24 months; **TEACHERS, PROFESSORS**, and **RESEARCH SCHOLARS** - 3 years; **SHORT-TERM SCHOLARS** - 6 months; **SPECIALISTS** - 1 year; **INTERNATIONAL VISITORS** - 1 year; **ALIEN PHYSICIAN** - the time typically required to complete the medical specialty involved but limited to 7 years with the possibility of extension if approved by the U.S. Department of State; **GOVERNMENT VISITOR** - up to 18 months; **CAMP COUNSELOR**- up to 4 months; **SUMMER TRAVEL/WORK**- up to 4 months; **AU PAIR**- 1 year ; **INTERN** - up to 12 months.

(d) ***Documentation Required for Admission/Readmission as an Exchange Visitor:*** To be eligible for admission to the United States, an exchange visitor must present the following at the port of entry: *(1)* a valid nonimmigrant visa, unless exempt from nonimmigrant visa requirements; *(2)* a passport valid for 6 months beyond the anticipated period of admission, unless exempt from passport requirements; *(3)* a properly executed Form DS-2019 *(with 2-D barcode)* which must be retained by the exchange visitor for readmission within the period of previously authorized stay. Exchange visitors are permitted to travel abroad and maintain status *(e.g., obtain a new visa)* under duration of the program as indicated by the dates on this form *(see item 3 on page 1 of this form)*.

Change of Visa Status: Exchange visitors *(and dependents)* are expected to leave the United States upon completion of their program objective. Exchange visitors who are subject to the two-year home-country physical presence requirement are not eligible to change their status while in the United States to any other nonimmigrant category except, if applicable, that of official or employee of a foreign government *(A)* or an international organization *(G)* or member of the family or attendant of either of these types of officials or employees.

(f) **Insurance:** Exchange visitors are required to have medical insurance in effect for themselves and any accompanying spouse and minor children on J visas for the duration of their exchange program. At a minimum, insurance coverage shall include: *(1)* medical benefits of at least U.S. $50,000 per person per accident or illness; *(2)* repatriation of remains in the amount of U.S. $7,500; and *(3)* expenses associated with medical evacuation in the amount of U.S. $10,000. A policy secured to fulfill the insurance requirements shall not have a deductible that exceeds U.S. $500 per accident or illness, and must meet other standards specified in the Exchange Visitor Program regulations, 22 CFR Part 62.14. For details, consult your program's Responsible Officer *(see item 7 on page 1 of this form)*.

2. ***EXCHANGE VISITOR CERTIFICATION:*** I have read and understand the foregoing, including the Two-Year Home-Country Physical Presence Requirement, and agree to comply with the Exchange Visitor Program regulations, as amended *(22 CFR Part 62)*. I certify that all the information on the Form DS-2019 is true and correct to the best of my knowledge. I agree that I will maintain compliance with the insurance regulations as specified in 22 CFR 62.14, including maintaining health insurance coverage for myself and my J-2 dependents throughout my J-1 program. **I understand that it is my responsibility to maintain my exchange visitor status.** For the purposes of 20 U.S.C. 1232g and 22 CFR 62, I authorize the U.S. Department of State-designated sponsor and any educational institution named on the Form DS-2019 to release information to the U.S. Department of State relating to compliance with Exchange Visitor Program regulations.

NOTICE TO ALL EXCHANGE VISITORS

To facilitate your readmission to the United States after a visit in another country other than a contiguous territory or adjacent islands, you should have the Responsible Officer of your sponsoring organization indicate on the TRAVEL VALIDATION BY RESPONSIBLE OFFICER or Alternate Responsible Officer section of the Form DS-2019 that you continue to be in good standing.

The signature of the Responsible Officer or the Alternate Responsible Officer on the Form DS-2019 is valid for up to one year* or until the end date in item 3 on page 1 of this Form, or to the validation date authorized by the Responsible Officer, whichever occurs sooner.

***EXCEPT:** Maximum validation period is up to six months for Short-term Scholars and four months for Camp Counselors and Summer Travel/Work.

Under the Mutual Educational and Cultural Exchange Act of 1961, as amended, the U.S. Department of State has been delegated the authority to designate Exchange Visitor Programs for U.S. Government agencies, and for public and private educational and cultural exchange organizations. The information is used by Exchange Visitor Program sponsors to appropriately identify an individual seeking to enter the United States as an exchange visitor. The completed form is sent to the prospective exchange visitor abroad, who takes it to the U.S. Consulate *(Embassy)* to secure an exchange visitor *(J-1, J-2)* visa. Responses are mandatory. An Agency or organization may not conduct or sponsor, and the respondent is not required to respond to a collection of information unless it displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, researching existing data sources, gathering and maintaining the data needed, completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: U.S. Department of State, A/RPS/DIR, Washington, D.C. 20520.

Una copia en blanco y negro de este documento no es oficial.

Estado de Florida

Departamento de Estado

APOSTILLA

(Convención de La Haya del 5 de octubre 1961)

1. País: Estados Unidos de América
   Este documento público
2. ha sido firmado por José Betancourt
3. actuando en la capacidad de Notario Público de Florida
4. lleva el sello/estampa de Notario Público, Estado de Florida

Certificado

5. en Tallahassee, Florida
6. el Día Veintinueve de Abril, D.C., 2015
7. por Secretario de Estado, Estado de Florida
8. No. 2015-47864
9. Sello/Estampa: 10. Firma:

Secretario de Estado

Este documento contiene una marca de agua verdadera. Sostener a la luz para ver "SEGURO" y "VERIFICAR PRIMERO"

Estado de Florida

Departamento de Estado

Yo certifico desde los archivos de esta oficina que EL CUBO, LLC, es una compañía de responsabilidad limitada, organizada bajo las leyes del Estado de Florida, archivada el 10 de Julio, 2008.

El número de documento de esta compañía es L08000066663.

Además yo certifico que dicha compañía ha pagado todas las cuotas debidas a esta oficina hasta el 31 de Diciembre, 2008, y su estado es activo.

Código de Autenticación: 108A00040885-071108-L08000066663-1/1

ESTADO DE FLORIDA
CONDADO DE Miami Dade.

En este 27 de Abril del 2015
Yo atestiguo que el Documento precedente o adjunto es una verdadera, exacta, completa y inalterada fotocopia hecha por Mí de Good Standing.
Presentado a mí por el custodio del documento El Cubo LLC.

_____

NOTARIO
Notario Público – Estado de Florida

Entregado bajo mi mano y el Gran Sello del Estado de Florida, en Tallahassee, la capital, este es el día 11 de Julio, 2008

Kurt S. Browning
Secretario de Estado

State of Florida

Department of State

APOSTILLE

(Convention de La Haye du 5 octobre 1961)

1. Country: United States of America

This public document

2. has been signed by Jose Betancourt

3. acting in the capacity of Notary Public of Florida

4. bears the seal/stamp of Notary Public, State of Florida

Certified

5. at Tallahassee, Florida

6. the Twenty-Seventh day of April, A.D., 2015

7. by Secretary of State, State of Florida

8. No. 2015-46714

9. Seal/Stamp:

GREAT SEAL OF THE STATE OF FLORIDA
IN GOD WE TRUST

10. Signature:

Ken Detzner

Secretary of State

DSDE 99 (2/12)

STATE OF FLORIDA
COUNTY OF Miami-Dade.

On this 27 day of April 2015
I attest that the preceding or attached
Document is a true, exact, complete,
And unaltered photocopy made by
Me of Passport
Presented to me by the document's
Custodian Lourdes F Peters.

NOTARY

JOSE BETANCOURT
Notary Public - State of Florida
My Comm. Expires Oct 17, 2018
Commission # FF 146655
Bonded Through National Notary Assn

Factura: 002-003-000045695

20191701008D00322

DILIGENCIA DE RECONOCIMIENTO DE FIRMAS N° 20191701008D00322

Ante mí, NOTARIO(A) JAIME RAFAEL ESPINOZA CABRERA de la NOTARÍA OCTAVA , comparece(n) PABLO ROBERTO CEVALLOS FONSECA portador(a) de CÉDULA 1708978109 de nacionalidad ECUATORIANA, mayor(es) de edad, estado civil DIVORCIADO(A), domiciliado(a) en QUITO, POR SUS PROPIOS DERECHOS en calidad de TRADUCTOR(A); quien(es) declara(n) que la(s) firma(s) constante(s) en el documento que antecede , es(son) suya(s), la(s) misma(s) que usa(n) en todos sus actos públicos y privados, siendo en consecuencia auténtica(s), EL COMPARECIENTE AUTORIZA EXPRESAMENTE LA CONSULTA EN LÍNEA Y VERIFICACIÓN DE SUS RESPECTIVOS DATOS EN EL SISTEMA NACIONAL DE CONSULTA CIUDADANA DE LA DIRECCIÓN GENERAL DE REGISTRO CIVIL, IDENTIFICACIÓN Y CEDULACIÓN para constancia firma(n) conmigo en unidad de acto, de todo lo cual doy fe. La presente diligencia se realiza en ejercicio de la atribución que me confiere el numeral noveno del artículo dieciocho de la Ley Notarial -. El presente reconocimiento no se refiere al contenido del documento que antecede, sobre cuyo texto esta Notaria, no asume responsabilidad alguna. – Se archiva un original. QUITO, a 5 DE ABRIL DEL 2019, (16:55).

PABLO ROBERTO CEVALLOS FONSECA
CÉDULA: 1708978109

NOTARIO(A) JAIME RAFAEL ESPINOZA CABRERA
NOTARÍA OCTAVA DEL CANTÓN QUITO

State of Florida

Department of State

APOSTILLE

(Convention de La Haye du 5 octobre 1961)

1. Country: United States of America

This public document

2. has been signed by Laurel Lee

3. acting in the capacity of Secretary of State

4. bears the seal/stamp of Great Seal of the State of Florida

Certified

5. at Tallahassee, Florida

6. the Eighth day of March, A.D., 2019

7. by Secretary of State, State of Florida

8. No. 2019-28278

9. Seal/Stamp:

10. Signature:

Secretary of State

Secretary of State

DSDE 99 (2/12)

State of Florida
Department of State

I certify from the records of this office that EL CUBO, LLC is a limited liability company organized under the laws of the State of Florida, filed on July 10, 2008.

The document number of this limited liability company is L08000066663.

I further certify that said limited liability company has paid all fees due this office through December 31, 2019, that its most recent annual report was filed on March 1, 2019, and that its status is active.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the First day of March, 2019

Secretary of State

Tracking Number: 3838174383CU

To authenticate this certificate,visit the following site,enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication

Una copia en blanco y negro de este documento no es oficial.

Estado de Florida

Departamento de Estado

APOSTILLA

(Convención De La Haya del 5 de octubre 1961)

1. País: Estados Unidos de América

Este documento público:

2. Ha sido firmado por: Laurel Lee
3. Actuando en la capacidad de: Secretario de Estado
4. Lleva el sello/estampa de: Sello de Estado de Florida

Certificado

5. En: Tallahassee, Florida
6. El: día 8 de marzo 2019
7. Por: Secretario de Estado, Estado de Florida
8. No: 2019-28278
9. Sello/Estampa

10: Firma

Secretario de Estado

Este documento contiene una marca de agua verdadera. Sostener a la luz para ver "SEGURO" y "VERIFICAR PRIMERO."

Estado de Florida

Departamento de Estado

Yo certifico desde los archivos de esta oficina que EL CUBO, LLC es una compañía de responsabilidad limitada, organizada bajo las leyes del Estado de Florida, archivada el 10 de Julio, 2008.

El número de documento de esta compañía es L08000066663.

Además yo certifico que dicha compañía ha pagado todas las cuotas debidas a esta oficina hasta el 31 de diciembre, 2019, y su reporte anual ha sido archivado el 1 de marzo, 2019 y su estado es activo.

Entregado bajo mi mano y el Gran
Sella del Estado de Florida, en
Tallahassee, la capital, este es el día 1 de
marzo,2019.

Laurel M. Lee
Secretario de Estado

Numero de rastreo: 3838174383CU

Para autenticar este certificado visite el sitio de web abajo

https://services-sunbiz.org/Filings/CertificateofStatus/Certificate/Authenticate

Yo, Pablo Roberto Cevallos Fonseca, certifico que el presente documento contentivo de dos (2) hojas es una traducción del idioma inglés al castellano de aquel documento que me fuera exhibido y que lo he traducido conforme mi leal saber y entender.

Quito, 5 de abril de 2019

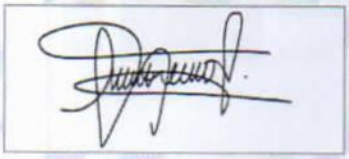
Pablo Roberto Cevallos Fonseca
CC. 1708978109

REPÚBLICA DEL ECUADOR
Dirección General de Registro Civil, Identificación y Cedulación

Dirección General de Registro Civil
Identificación y Cedulación

NOTARIA OCTAVA
Dr. Jaime Espinoza Cabrera

CERTIFICADO DIGITAL DE DATOS DE IDENTIDAD



Número único de identificación: 1708978109

Nombres del ciudadano: CEVALLOS FONSECA PABLO ROBERTO

Condición del cedulado: CIUDADANO

Lugar de nacimiento: ECUADOR/PICHINCHA/QUITO/BENALCAZAR

Fecha de nacimiento: 16 DE ENERO DE 1974

Nacionalidad: ECUATORIANA

Sexo: HOMBRE

Instrucción: SUPERIOR

Profesión: DOCTOR - LEYES

Estado Civil: DIVORCIADO

Cónyuge: No Registra

Nombres del padre: CEVALLOS MARIO ROBERTO

Nacionalidad: ECUATORIANA

Nombres de la madre: FONSECA MARIA DE LOURDES

Nacionalidad: ECUATORIANA

Fecha de expedición: 17 DE OCTUBRE DE 2016

Condición de donante: SI DONANTE

Información certificada a la fecha: 5 DE ABRIL DE 2019
Emisor: CLAUDIA MAGALI ARBOLEDA AREVALO - PICHINCHA-QUITO-NT 8 - PICHINCHA - QUITO

N° de certificado: 194-213-65604

194-213-65604

Lcdo. Vicente Taiano G.
Director General del Registro Civil, Identificación y Cedulación
Documento firmado electrónicamente

La institución o persona ante quien se presente este certificado deberá validarlo en:**https://virtual.registrocivil.gob.ec**, conforme a la LOGIDAC Art. 4, numeral 1 y a la LCE.

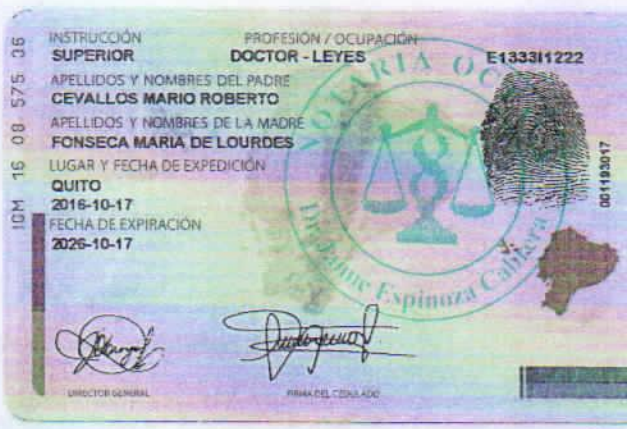
REPÚBLICA DEL ECUADOR
DIRECCIÓN GENERAL DE REGISTRO CIVIL, IDENTIFICACIÓN Y CEDULACIÓN

CÉDULA DE CIUDADANÍA
No. 170897810-9

APELLIDOS Y NOMBRES
CEVALLOS FONSECA
PABLO ROBERTO

LUGAR DE NACIMIENTO
PICHINCHA
QUITO
BENALCAZAR

FECHA DE NACIMIENTO 1974-01-16
NACIONALIDAD ECUATORIANA
SEXO HOMBRE
ESTADO CIVIL DIVORCIADO



INSTRUCCIÓN SUPERIOR
PROFESIÓN / OCUPACIÓN DOCTOR - LEYES
E1333I1222

APELLIDOS Y NOMBRES DEL PADRE
CEVALLOS MARIO ROBERTO

APELLIDOS Y NOMBRES DE LA MADRE
FONSECA MARIA DE LOURDES

LUGAR Y FECHA DE EXPEDICIÓN
QUITO
2016-10-17

FECHA DE EXPIRACIÓN
2026-10-17

IGM 16 08 575 36

001193017

DIRECTOR GENERAL

FIRMA DEL CEDULADO

CERTIFICADO DE VOTACIÓN
24 - MARZO - 2019
CNE

0025 M
JUNTA No.

0025 - 123
CERTIFICADO No.

1708978109
CÉDULA No.

CEVALLOS FONSECA PABLO ROBERTO
APELLIDOS Y NOMBRES

PROVINCIA: PICHINCHA

CANTÓN: QUITO

CIRCUNSCRIPCIÓN: 1

PARROQUIA: JIPIJAPA

ZONA: 1

ELECCIONES
SECCIONALES Y CPCCS
2019

CIUDADANA/O:

ESTE DOCUMENTO ACREDITA QUE USTED SUFRAGÓ EN EL PROCESO ELECTORAL 2019

F. PRESIDENTA/E DE LA JRV

Facultado por la Ley Notarial (Art. 18 Num. 5 Lit. a) y guardando un ejemplar DOY FE que la(s) fotocopia(s) que antecede(n) es (son) igual(es) al (los) documento(s) que en original(es) me fue(ron) exhibido(s) y devuelto(s) al peticionario en una (1) foja(s)

Quito, 05 ABR 2019

Jaime Rafael Espinoza Cabrera
NOTARIO 8 QUITO

QUITO - ECUADOR

RESOLUCIÓN NO. SCVS-IRQ-DRS-SNR-2017-00021176

GIOVANNA GASTELÚ CONCHA
SUBDIRECTORA DE NORMATIVA Y RECLAMOS

CONSIDERANDO:

QUE el segundo inciso del artículo 20 del Reglamento General a la Ley General de Seguros, establece que previa la inscripción en el libro de acciones y accionistas el Superintendente de Bancos calificará la transferencia, suscripción, adjudicación o participación de acciones;

QUE mediante Registro Oficial Edición Especial 44 de 24 de julio de 2017, se publicó la Codificación de Resoluciones Monetarias, Financieras, de Valores y Seguros, expedida con Resolución No. 385-2017-A de 22 de mayo de 2017 por la Junta de Política y Regulación Monetaria y Financiera;

QUE en el capítulo XIV "Normas para la inscripción de las transferencias y/o suscripciones de Acciones y Participaciones por parte de las Entidades del Sistema de Seguros Privado" Título III "De la Vigilancia, Control, e Información del Sistema de Seguro Privado", del Libro III de la Codificación de Resoluciones Monetarias, Financieras, de Valores y Seguros, dispone que la Superintendencia de Compañías, Valores y Seguros calificará la responsabilidad, idoneidad y solvencia del cesionario o suscriptor de las acciones, sea éste nacional o extranjero, de las entidades del sistema de seguro privado, previa a su inscripción en el libro de acciones y accionistas, para lo cual debe cumplir con los requisitos legales que dispone la norma;

QUE mediante comunicación ingresada el 23 de agosto de 2017 a este organismo de control, el representante legal de la compañía WOA ECUADOR AGENCIA ASESORA PRODUCTORA DE SEGUROS S.A., notifica la cesión de acciones realizadas por los señores Santiago Oleas Ordóñez y Pablo Fernando Oleas Ordóñez a favor de la compañía EL CUBO LLC a través de su representante legal la señora Lourdes Frances Peters y solicita que se califique la responsabilidad, idoneidad y solvencia de la cesionaria del 60% del capital social de la compañía referida;

QUE la Subdirección de Normativa y Reclamos mediante memorando No. SCVS-IRQ-DRSP-SNR-2017-0111-M de 27 de septiembre de 2017, determina que se ha dado cumplimiento a lo dispuesto en el segundo inciso del artículo 20 del Reglamento General a la Ley General de Seguros y en la normativa establecida en el capítulo XIV "Normas para la inscripción de las transferencias y/o suscripciones de Acciones y Participaciones por parte de las Entidades del Sistema de Seguros Privado" Título III "De la Vigilancia, Control, e Información del Sistema de Seguro Privado", del Libro III de la Codificación de Resoluciones Monetarias, Financieras, de Valores y Seguros; y,

EN ejercicio de las atribuciones delegadas por la Superintendenta de Compañías, Valores y Seguros, mediante resolución No. ADM-17-040 de 26 de abril de 2017,

RESUELVE:

ARTÍCULO ÚNICO.- CALIFICAR la responsabilidad, idoneidad y solvencia de la compañía cesionaria EL CUBO LLC de nacionalidad estadounidense, a través de su representante legal, la señora Lourdes Frances Peters, con la indicación de que puede proceder a la inscripción de la cesión en el correspondiente Libro de Acciones y Accionistas de la compañía WOA ECUADOR AGENCIA ASESORA PRODUCTORA DE SEGUROS S.A.

COMUNÍQUESE.- Dada en la Superintendencia de Compañías, Valores y Seguros, en Quito, Distrito Metropolitano, 2 de octubre de 2017.

GIOVANNA GASTELÚ CONCHA
SUBDIRECTORA DE NORMATIVA Y RECLAMOS

Signature Not Verified
Digitally signed by NANCY GIOVANNA GASTELU CONCHA
Date: 2017.10.02 12:29:47 ECT
Location: SCVS