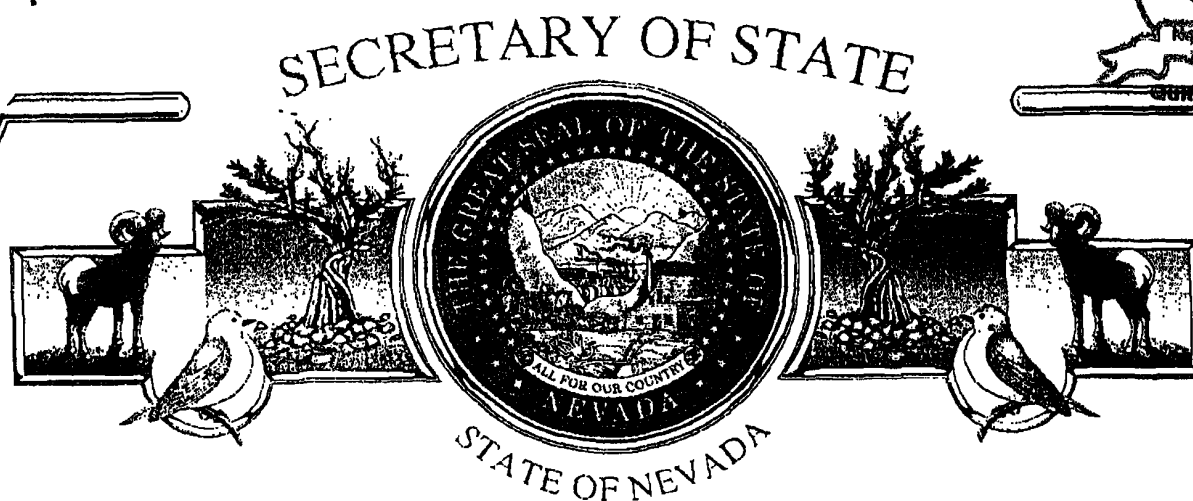




APOSTILLE

(Convention de La Haye Du 5 octobre 1961)

1. Country: *United States of America*

This public document

2. has been signed by JOLEEN MARCHAND

3. acting in the capacity of NOTARY PUBLIC STATE OF NEVADA

4. bears the seal/stamp of JOLEEN MARCHAND
CERTIFIED

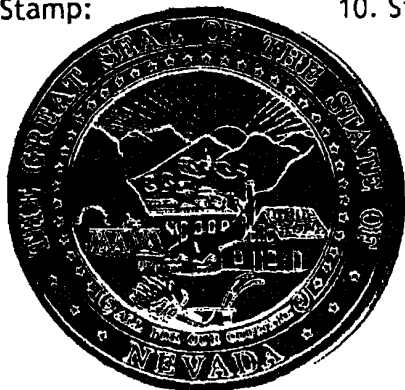
5. at *Las Vegas, Nevada, U.S.A.*

6. the 18TH DAY OF OCTOBER, 2012

7. by Ross Miller, *Secretary of State, State of Nevada, U.S.A.*

8. Number 172528

9. Seal/Stamp:



10. Signature:

Ross Miller
Secretary of State

Roxanna Sanchez
Certification Clerk



TRADUCCION
SECRETARIA DE ESTADO
ESTADO DE NEVADA

APOSTILLA
(Convención de la Haya de 5 de octubre de 1961)

1. País: Estados Unidos de América
Este es un documento público
2. Ha sido firmado por JOLEEN MARCHAND
3. Actuando en calidad de Notario Público del Estado de Nevada
4. Contiene el sello/timbre de JOLEEN MARCHAND.

CERTIFICADO

5. En Las Vegas, Nevada, U.S.A.
6. el 18 de Octubre de 2012
7. por Ross Miller, Secretaria de Estado, Estado de Nevada, Estados Unidos.
8. No. 172528
9. Sello/Timbre

(Sello)

10. Firma

Por: (firma ilegible)
Ross Miller
Secretario de Estado

Roxanna Sanchez
Empleado de Certificación



ANNUAL LIST OF MANAGERS OR MANAGING MEMBERS AND REGISTERED AGENT AND
STATE BUSINESS LICENSE APPLICATION OF:

SOMERVILLE INTERNATIONAL LLC

NAME OF LIMITED-LIABILITY COMPANY

E0270802010-6

FILE NUMBER

Quito - Ecuador

FOR THE FILING PERIOD OF 2012 TO 2013. DUE BY 5/31/2012
File list with the NEVADA SECRETARY OF STATE

*** YOU MAY FILE THIS FORM ONLINE AT www.nvsos.gov ***

The entity's duly appointed agent in the state of NEVADA upon whom process can be served is:

M F CORPORATE SERVICES (NEVADA) LIMITED

5858 S PECOS RD STE 100

LAS VEGAS NV 89120



110401

ABOVE SPACE IS FOR OFFICE USE ONLY

☐ Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.)

IMPORTANT: Read instructions before completing and returning this form

1. Print or type names and addresses, either residence or business, for all managers or managing members. A Manager, or if none, Managing Member of the LLC must sign the form. FORM WILL BE RETURNED IF UNSIGNED. USE BLACK INK ONLY - DO NOT HIGHLIGHT
 2. If there are additional managers or managing members, attach a list of them to this form.
 3. Annual list fee is \$125.00. A \$75.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year.
 4. State Business License fee is \$200.00. Effective 2/1/2010, \$100.00 must be added for failure to file form by deadline.
 5. Make your check payable to the Secretary of State.
 6. Ordering Copies: If requested above, one file stamped copy will be returned at no additional charge. To receive a certified copy, enclose an additional \$30.00 per certification. A copy fee of \$2.00 per page is required for each additional copy generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order.
 7. Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201, (775) 684-5708.
- Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties. Failure to include annual list and business license fees will result in rejection of filing.

ANNUAL LIST FILING FEE: \$125.00 LATE PENALTY: \$75.00

BUSINESS LICENSE FEE: \$200.00 LATE PENALTY: \$100.00

CHECK ONLY IF APPLICABLE

☐ Pursuant to NRS, this entity is exempt from the business license fee. Exemption Code: _____

NRS 78.029 Exemption Codes

001 - Governmental Entity

003 - Home-based Business

005 - Motion Picture Company

006 - NRS 680B.020 Insurance Co.

NOTE: If claiming an exemption, a notarized Declaration of Eligibility form must be attached. Failure to attach the Declaration of Eligibility form will result in rejection, which could result in late fees.

AZUCENA NUÑEZ ZAPATA

NAME:

(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)

☒ MANAGER

☐ MANAGING MEMBER

AV. AMAZONAS 4600 Y GASPAR DE VILLARDEL P10

ADDRESS:

QUITO ECUADOR

CITY:

STATE:

ZIP: 00000000

NAME:

☐ MANAGER

☐ MANAGING MEMBER

ADDRESS:

CITY:

STATE:

ZIP:

NAME:

☐ MANAGER

☐ MANAGING MEMBER

ADDRESS:

CITY:

STATE:

ZIP:

NAME:

☐ MANAGER

☐ MANAGING MEMBER

ADDRESS:

CITY:

STATE:

ZIP:

NAME:

☐ MANAGER

☐ MANAGING MEMBER

ADDRESS:

CITY:

STATE:

ZIP:

I declare, to the best of my knowledge under penalty of perjury, that the above mentioned entity has complied with the provisions of sections 8 to 18 of AB 148 of the 2009 session of the Nevada Legislature and acknowledge that pursuant to NRS 238.110, it is a criminal offense to knowingly alter any false or forged instrument for filing in the Office of the Secretary of State.

X 
Signature of Manager or Managing Member

Title

MANAGER

Date



TRADUCCION

LISTA ANUAL DE ADMINISTRADORES O MIEMBROS DIRECTIVOS Y AGENTE REGISTRADO Y LICENCIA DE NEGOCIOS, EN APLICACIÓN DE:

SOMERVILLE INTERNATIONAL LLC.

Nombre de la sociedad de responsabilidad limitada

E0278802010-6

Número de Expediente

PARA EL PERIODO DE REGISTRO DEL 2012 AL 2013. Emitido Al 5/31/2012

Lista de Archivos con la SECRETARIA DE ESTADO DE NEVADA

*****Usted puede llenar este formulario en línea en www.nvsos.gov*****

El Agente Registrado debidamente nombrado de esta Entidad de Responsabilidad Limitada en el Estado de Nevada y a quien se le puede presentar notificaciones es:

M.F. Corporate Services (Nevada) Limited
5858 S PECOS RD STE 100
Las Vegas NV 89120

EL ESPACIO DE ARRIBA ES SOLO PARA USO

OFICIAL

X Devolver la copia sellada presentada (Si el documento presentado no se recibe con instrucciones, la copia sellada presentada será enviada al agente residente).

IMPORTANTE:

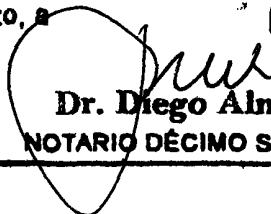
Favor lea las instrucciones antes de llenar y devolver este formulario.

1. Escriba en letra imprenta o a máquina, los nombres, direcciones, residenciales o comerciales, de todos los administradores o miembros directivos. Debe firmar el formulario un administrador, o si no hubiere ninguno, un miembro directivo de la sociedad EL FORMULARIO SERA DEVUELTO SI NO ESTA FIRMADO. USE TINTA NEGRA UNICAMENTE-NO RESALTAR.
2. Si existen administradores o miembros adicionales, favor adjunte una lista de los mismos a este formulario.
3. La tarifa anual es de USD \$125,00. Una multa de US 75,00 deberá ser agregada por no presentar este formulario dentro del plazo. Una lista anual recibida más de 90 días antes de su fecha de vencimiento, se considerará una lista modificada del año anterior.
4. La tarifa para la Licencia de Negocios es de US \$200,00. Se añadirá US \$100,00 si no se cancela dentro del plazo.
5. Extender su cheque a nombre de la Secretaría de Estado.
6. Solicitud de Copias: Si se solicitó arriba, la copia sellada presentada será devuelta sin costo adicional. Para recibir una copia certificada, incluya US \$30,00 adicionales por certificación. Un cargo de US \$2,00 por página requiere por cada copia adicional generada al ordenar 2 o más copias selladas presentadas o copias certificadas. Su orden debe acompañarse de instrucciones adecuadas.
7. Devuelva el formulario completado a: Secretary of State, 202 North Carson Street, Carson City, NV 89701-4201. (775) 684-5708.
El formulario debe estar en manos del secretario de estado a más tardar o antes del último día del primer mes después de la fecha de registro inicial. (no se acepta el sello de fecha del

RAZÓN: De conformidad con la facultad prevista en el numeral cinco del Art. 18 de la Ley Notarial CERTIFICO, que la presente FOTOCOPIA es IGUAL al documento ORIGINAL que exhibido se devolvió. C H - (falso)

Quito, a

08 FEB. 2013


Dr. Diego Almeida M.

NOTARIO DÉCIMO SUPLENTE (E)



2013 - 17 - 01 - 10 - D

No. FACTURA