

F01000004686

Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H01000095820 6)))

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:  
Division of Corporations  
Fax Number : (850) 205-0383

From:  
Account Name : HODGSON RUSS LLP  
Account Number : 072720000242  
Phone : (561) 394-0500  
Fax Number : (561) 394-3862

FOREIGN PROFIT QUALIFICATION

Voltrade USA, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 SEP -4

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 SEP -4 PM 2:24

RECEIVED

H01000095820 6

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

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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 SEP - 4

1. VOLTRADE USA, INC.  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. DELAWARE  
(State or country under the law of which it is incorporated)
3. 65-1130245  
(FEI number, if applicable)
4. JUNE 1, 2001  
(Date of incorporation)
5. PERPETUAL  
(Duration: Year corp. will cease to exist or "perpetual")
6. UPON QUALIFICATION  
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. C/O HODGSON RUSS LLP, 1801 N. MILITARY TRAIL, SUITE 200  
BOCA RATON, FL 33431  
(Current mailing address)
8. SELLING FOOTWEAR AND FOOT CARE PRODUCTS  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  
Name: HRAWG CORP.  
Office Address: 1801 N. MILITARY TRAIL, SUITE 200  
BOCA RATON, Florida, 33431  
(Zip code)
10. Registered agent's acceptance:  
*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*  
LARRY CORMAN, PRESIDENT  
Larry Corman  
(Registered agent's signature)
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.
12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

H01000095820 6

**A. DIRECTORS (Street address only - P.O. Box NOT acceptable)**

Chairman: \_\_\_\_\_

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

Vice Chairman: \_\_\_\_\_

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

Director: PHILLIP J. VASYLIAddress: 7040 W. PALMETTO PARK ROAD, PMB 2/276BOCA RATON, FL 33433

Director: \_\_\_\_\_

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

**B. OFFICERS (Street address only - P.O. Box NOT acceptable)**President: PHILLIP J. VASYLIAddress: 7040 W. PALMETTO PARK ROAD, PMB 2/276BOCA RATON, FL 33433

Vice President: \_\_\_\_\_

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

Secretary: BRUCE CAMPBELLAddress: 20913 ST. ANDREWS BLVD., APT 47BOCA RATON, FL 33433

Treasurer: \_\_\_\_\_

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

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. \_\_\_\_\_

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. BRUCE CAMPBELL, SECRETARY

(Typed or printed name and capacity of person signing application)

*State of Delaware*  
**Office of the Secretary of State** PAGE 1

---

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VOLTRADE USA, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTH DAY OF JUNE, A.D. 2001.

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 01 SEP -4

H01000095820 6



*Harriet Smith Windsor*  
 Harriet Smith Windsor, Secretary of State

3398643 8300

AUTHENTICATION: 1167421

010264137

DATE: 06-04-01