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	j				
	(Requestor's Name)				
	(Address)				
<u> </u>	(Address) –				
	(City/State/Zip/Phone #)				
PICK-U	MAIL MAIL				
·	(Business Entity Name)				
· <del>-</del>	(Document Number)				
Certified Copies	Certificates of Status				
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SECHENAY OF SUITE A

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## TRANSMITTAL LETTER

	Registration Section Division of Corporations
SUBJE	
	(Name of corporation - must include suffix)
Dear Sir	or Madam:
"Certific	osed "Application by Foreign Corporation for Authorization to Transact Business in Florida," ate of Existence," and check are submitted to register the above referenced foreign corporation to business in Florida.
10	turn all correspondence concerning this matter to the following:
10	(Name of Person)  (Name of Person)  (Firm/Company)
89	08 91st Street N.
7	(Address)  argo, Florida 33))  (City/State and Zip code)
For furth	er information concerning this matter, please call:
loe/	E. Be (max at (727) 397 5328 8 5
(	Name of Person) (Area Code & Daytime Telephone Number)
R D 4	TREET ADDRESS:  egistration Section  ivision of Corporations  P.O. Box 6327  allahassee, FL 32399  MAILING ADDRESS:  Registration Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314
Enclosed	is a check for the following amount:
	Filing Fee  \$78.75 Filing Fee &  \$78.75 Filing Fee & \$87.50 Filing Fee, Certificate of Status  Certified Copy  Certified Copy Certified Copy

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

IN COMMITANCE WITH SECTION (AT 150) PLODED (STATUTES THE FOUL OWING IS STELL ATTERNATION OF THE FOUL O	
IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.	
1. RTRK Investment Corporation	
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"	
"Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)	
2 New Jersey 3 22-2628657	
(State or country under the law of which it is incorporated) (FEI number, if applicable)	
4. 8-13.85 Perpetual	
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")	
6.	
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
7. 141) Havechill Octive Trinity Fl. 3465	
141) Havechill Ocive Trinity Fl. 3465	,
(Current mailing address)	
	,
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	(
그리고 그리고 사용하다 그리고 그리고 그리고 그리고 그리고 그리고 그리고 그리고 그릇하고 뭐 그리고	
Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	
Name: Joel E. Bechan CAA	
Office Address: 8908 915+ Stree + N.	
2222	
(City) (Zip code)	
10. Desirtand approximately	
[0. 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,	
urmer ugree to comply with the provisions of an stantes relative to the proper and complete performance of my anties, and I am familiar with and accept the obligations of my position as registered agent.	
1 () C. Ber CPA	
(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 business addresses of officers and/or directors:

A. DIRECTOR	<del>.</del>	···	
Chairman:			
Address:		97 <u>-</u>	
			ve de la companya de
Vice Chairman:	<del></del>	·	<u> </u>
Address:			
Director:		<u></u>	
Address:		<u> </u>	
<u></u>		·a	77 avs 2 avs 4
Director:		· · · · · · · · · · · · · · · · · · ·	
Address:		<u> </u>	
President:	Se Kott at 12 Havechil	4 Scive	655
Vice President:	<u> </u>		74 P
Address:			<u> </u>
Secretary:			
Address:		<u> </u>	
Treasurer:	-	<u> </u>	
Address:		<u></u>	
NOTE: If necessar	(Signature of Director or Officer	ttaki	
14. <b>Pos</b>	(Typed or printed name and ca	Capacity of person signing appl	ication)



