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## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** TRA DESIGNS INC

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

PHUONG NGUYEN

Name of Person

LAW OFFICES OF ANDREW J. PRENDIVILLE, APC

Firm/Company

16480 HARBOR BLVD., SUITE 102

Address

FOUNTAIN VALLEY, CA 92708

City/State and Zip code

tradesigninc@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Phuong Nguyen

Name of Person

at ( 714 ) 534-8015

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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

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

1. TRA DESIGNS, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

TRA DESIGNS GROUP INC

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. CALIFORNIA

(State or country under the law of which it is incorporated)

3. 80-0177805

(FEI number, if applicable)

4. APRIL 18, 2008

(Date of incorporation)

5. PERPETUAL

(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. 11767 S. DIXIE HWY, PINECREST, FL 33156-4438

(Principal office address)

11767 S. DIXIE HWY, PINECREST, FL 33156-4438

(Current mailing address)

8. ANY LAWFUL BUSINESS ACTIVITY

(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 NOT acceptable)

Name: NUOI TRA

Office Address: 11767 S. DIXIE HWY

PINECREST

(City)

, Florida 33156-4438

(Zip code)

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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.*



(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:

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**A. DIRECTORS**

Chairman: NUOI TRA

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Address: 11767 S. DIXIE HWY, PINECREST, FL 33156-4438

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

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

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

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

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

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

**B. OFFICERS**

President: NUOI TRA

Address: 11767 S. DIXIE HWY, PINECREST, FL 33156-4438

Vice President: NUOI TRA

Address: 11767 S. DIXIE HWY, PINECREST, FL 33156-4438

Secretary: NUOI TRA

Address: 11767 S. DIXIE HWY, PINECREST, FL 33156-4438

Treasurer: NUOI TRA

Address: 11767 S. DIXIE HWY, PINECREST, FL 33156-4438

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

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

(Signature of Director or Officer listed in number 12 of the application)

14. NUOI TRA, PRESIDENT

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

**State of California**  
**Secretary of State**

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**CERTIFICATE OF STATUS**

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

ENTITY NAME:

TRA DESIGNS, INC.

FILE NUMBER: C3131935  
FORMATION DATE: 04/18/2008  
TYPE: DOMESTIC CORPORATION  
JURISDICTION: CALIFORNIA  
STATUS: ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California,  
hereby certify:

The records of this office indicate the entity is authorized to exercise  
all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial  
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate  
and affix the Great Seal of the State of  
California this day of July 15, 2009.

*Debra Bowen*

DEBRA BOWEN  
Secretary of State