

**F188880002852**

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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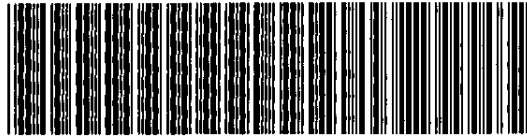
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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*Handwritten:*  
~~6-24-10~~  
24-10



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 16, 2010

MICHELLE LEWIS  
ALLEN CORPORATION SUPPLY CO., INC.  
10440 PIONEER BLVD., SUITE 8  
SANTA FE SPRINGS, CA 90670

SUBJECT: OTA FRANCHISE CORPORATION  
Ref. Number: W10000028851

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We have received your document for OTA FRANCHISE CORPORATION and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6995.

Wanda Cunningham  
Regulatory Specialist II  
New Filing Section

Letter Number: 210A00014890

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TALLAHASSEE, FLORIDA

COVER LETTER

Registration Section  
Division of Corporations

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2010 JUN 22 P 3:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SUBJECT: OTA FRANCHISE CORPORATION  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Michelle Lewis  
Name of Person

Allen Corporation Supply Co., Inc.  
Firm/Company

10440 Pioneer Blvd., Suite #8  
Address

Santa Fe Springs, Ca 90670  
City/State and Zip Code

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

For further information concerning this matter, please call:

Michelle Lewis at ( 562 ) 906-1635  
Name of Person Area Code & Daytime Telephone Number

**MAILING ADDRESS:**  
Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☒ \$155.00 Filing Fee & Certified Copy    ☐ \$160.00 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. OTA FRANCHISE 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. Nevada 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 03-08-2004 5. 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. 18004 Skypark Circle, Suite 140, Irvine, CA 92614  
(Principal office address)  
18004 Skypark Circle, Suite 140, Irvine, CA 92614  
(Current mailing address)

8. **OPERATION OF FRANCHISE UNDER THE NAME ONLINE TRADING ACADEMY**  
(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: National Registered Agents, Inc.

Office Address: 2731 Executive Park Drive, Suite 4

Weston, Florida 33331  
(City) (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.*



(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.

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12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: Eyal Shachar

Address: 18004 Sky Park Circle #140, Irvine, CA 92614

Vice Chairman: Eyal Shachar

Address: 18004 Sky Park Circle #140, Irvine, CA 92614

Director: Eyal Shachar

Address: 18004 Sky Park Circle #140, Irvine, CA 92614

Director: Eyal Shachar

Address: 18004 Sky Park Circle #140, Irvine, CA 92614

**B. OFFICERS**

President: Eyal Shachar

Address: 18004 Sky Park Circle #140, Irvine 92614

Vice President: Eyal Shachar

Address: 18004 Sky Park Circle #140, Irvine 92614


Secretary: Eyal Shachar

Address: 18004 Sky Park Circle #140, Irvine 92614

Treasurer: Eyal Shachar

Address: 18004 Sky Park Circle #140, Irvine 92614

**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. Eyal Shachar  
(Typed or printed name and capacity of person signing application)

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# SECRETARY OF STATE



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA


## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **OTA FRANCHISE CORPORATION**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since March 8, 2004, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on May 13, 2010.



  
ROSS MILLER  
Secretary of State

Certified By: Christine Rakow  
Certificate Number: C20100512-3216  
You may verify this certificate  
online at <http://www.nvsos.gov/>