F15000003995

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
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COVER LETTER

TO:		ation Secti					
CLID II		Frayton Am					
SUBJE	ECT: _	-	Name o	f corporation	ı - must	include suffix	
Dear Si	ir or Ma	dam:					
"Certifi	icate of.	Existence,'		of Good Star	nding" a	nd check are sub	ct Business in Florida," mitted to register the
Please r Jason H		l correspor	dence concernir	g this matte	r to the 1	following:	
				Name of	Person		
Trayton	America	i, Inc.					
455 Sou	ıth Main	Street		Firm/Con	npany		
High Po	oint, NC	27260		Addr	ess		
jasonhai	rris@sim	onli.com		City/State a	nd Zip c	code	
			E-mail address:	(to be used	for futur	e annual report r	notification)
For furt	ther info	rmation co	ncerning this ma	tter, please o	call:		
Stephanie Little			336	953-	953-5460		
	Name	of Person	<u>.</u>	Area Cod	<u>-</u> -/	Daytime Telepl	hone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301						MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclose	ed is a ch	eck for the	following amou	int:			
□ \$ 70.	.00 Filin	g Fee [\$78.75 Filing Certificate of			5 Filing Fee & ied Copy	■ \$87.50 Filing Fee, Certificate of Status &

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.	Trayton Americ	a, Inc.									
••		Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")									
	(If name unavaila	able in Florida, enter alternate corporate name	adopted for the purpose of transacting bus	iness in Florida)							
2.	Georgia 68-0589171										
(State or country under the law of which it is incorporated) (FEI number, if applicable) 05/28/2004 5 00/00 100											
•••	(Date	(Date of incorporation) (Date of duration, if other than po									
6.	<u>upon</u>	(SEE SECTIONS 607.1501 & 607.1	n Florida, if prior to registration) 502, F.S., to determine penalty liability)	55 SEP							
7.	455 South Main S	Street, High Point, NC 27260		**************************************							
-	(Principal office address)										
		- Q									
8.	Name and stree	et address of Florida registered agent: (P.	O. Box <u>NOT</u> acceptable)								
	Name:	InCorp Services, Inc.	<u></u>								
Off	ffice Address:	17888 67th Court North									
		Loxahatchee	33470 . Florida								
		(City)	(Zip code)								

9. 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.

Jackie Lippes on behalf of Incorp Services, Inc. (Registered agent's signature)

10. 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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Vice Chairman: Address: _ Director: _ Address: _ Director: _ **B. OFFICERS** Simon Lichtenberg President: 1999 Lianyou Road Address: Shanghai 201107 China Vice President: Address: ___ Stephanie Little Secretary: 455 South Main Street, High Point, NC 27260 Address: _ Treasurer: ___ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

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

Control Number: 0432804

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

TRAYTON AMERICA, INC

a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relatesionly to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number Date Inc/Auth/Filed Jurisdiction

Print Date Form Number : 12124240 : 05/28/2004 : Georgia

:8/10/2015 :211



Brian P. Kemp Secretary of State