# F1700000652

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
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Office Use Only

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1117-4115



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

January 18, 2017

NICOLE WILLIAMS PO BOX 152725 CAPE CORAL, FL 33915

SUBJECT: TRADER JOHN LTD Ref. Number: W17000004115



We have received your document for TRADER JOHN LTD and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The use of LIMITED or LTD. is not sufficient as a corporate designation. The name must include a word such as INCORPORATED, INC., CORPORATION or CORP.

Please return 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) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 417A00001037

#### **COVER LETTER**

TO:		gistration Section vision of Corporations							
SUBJ	ECT:	TRADER JOH	N LTD						
		N	lame of corpo	oration	- mus	t include suffix			
Dear S	Sir or Mada	m:							
"Certi	ficate of Ex		ficate of Goo	od Star	ding"	and check are sub	et Business in Florida," mitted to register the		
Please	return all c	orrespondence con	ncerning this	matter	to the	e following:			
			NICOLE V	VILLIA	MS_				
			Na	me of	Persor	1			
			TRADER	JOHN,	LTD				
			Fir	n/Com	pany				
			PO BO	X 1527	25				
	· <u></u> -			Addre	ess				
			CAPE CO	RAL FI	ORID	A 33915			
	<u></u>		City/	State a	nd Zip	code			
		,	WILLIAMS@	APPLI	CATIO	ONDYNAMICS.NE	Г		
		E-mail ac	dress: (to be	used	or fut	ONDYNAMICS.NE ure annual report n	notification)		
For fu	rther inforn	nation concerning	this matter, p	olease o	all:				
	NICOLE	WILLIAMS	at (	941	)	456-2375			
	Name of	Person		a Cod		Daytime Telepl	hone Number		
	Registrati Division of Clifton B 2661 Exc Tallahass	cutive Center Circ ee, FL 32301	le			MAILING Al Registration So Division of Co P.O. Box 6327 Tallahassec, F	ection orporations		
	sed is a checo.		g amount: Filing Fee & icate of Statu			75 Filing Fee & ified 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.

l <b>.</b>	TRADER JOHN LTD			·
	poration; must include "INCOR	PORATED," "CO	OMPANY," "CORPORATION	٧,"
"Inc.," "Co.," "Co	rp," "Inc," "Co," or "Corp.")			
	( 1 A (			
· Ya	1 Kin Ladybus	CITAC.		
(If name unavailab	le in Florida, enter alternate con	porate name adop	ed for the purpose of transacting	ng business in Florida)
DELAWA		3	65-0642719	1:1.1-\
(State or country	under the law of which it is inco	rporated)	(FEI number, if ap	ppiicaoie)
	2/1996	5		
(Date o	f incorporation)		(Date of duration, if other	than perpetual)
	01/15/2017			
		ed business in Flor	ida, if prior to registration)	
	(SEE SECTIONS 607.15	501 & 607.1502, 1	S., to determine penalty liabil	ity)
	1412 NW 1ST TE	FRRACE CAPE (	ORAL FLORIDA 33993	
	71727111 151 12	(Principal of		
			·	
<del></del>	PO BOX 152725		L 33915 dress, if different)	
	(C	Jurrent maining ao	aress, ii different)	
				The state of the s
. Name and street	address of Florida registered	agent: (P.O. Bo	ox NOT acceptable)	7 (7 (7 m) 7 (7 (7 m) 7 (7 (7 m)
Name:	NICOLE WILLIAMS			
ranic.				5), L
ffice Address:	1412 NW 1ST TERRACE			
	CARR CORAL			100 B
	CAPE CORAL (City)		, Florida 33993 (Zip code)	ا الوردي: المعادلة المعاولة ( المعاولة و المعاولة الم
	(City)		(Zip code)	r.
Registered ager	nt's acceptance:			
	d as registered agent and to	accept service o	f process for the above state	ed corporation at the pl
esignated in this d	application, I hereby accept t	he appointment	as registered agent and agr	ree to act in this capaci
irther agree to co	mply with the provisions of a	ill statutes relati	ve to the proper and comple	ete performance of my
uties, and I am fa	miliar with and accept the ol	bligations of my	position as registered agen	t.
	1 . 7 .	Λ		
1	11. 10 - 18	7. •		
	Micole Wall	In .		<del></del>
·		(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: NICOLE WILLIAMS Address: PO BOX 152725 CAPE CORAL FLORIDA 33915 Vice Chairman: Director: Director: **B. OFFICERS** Vice President: Address: Secretary: \_\_\_ Treasurer: \_\_\_ Address: \_\_\_\_ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. /12. 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)

## Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "TRADER JOHN LTD." 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 SIXTH DAY OF JANUARY, A.D. 2017.

2017 FEB 1.0 FM 2: 1.1

2583619 8300

Authentication: 201831105 Date: 01-06-17

SR# 20170090037
You may verify this certificate online at corp.delaware.gov/authver.shtml