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(Requestor's Name)	_
(Address)	_
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(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	_
Constitution to Ellino Officer	٦
Special Instructions to Filing Officer:	
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SECRETARY OF STATE OF VISION OF CORPORATIONS

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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Pagsta Interna (Name of Limit	ted Liability Company)
	bility Company for Authorization to Transact Business in bmitted to register the above referenced foreign limited
Please return all correspondence concerning this m	atter to the following:
Charity (Nan	Scott nc of Person) Specific File Construction of Person Report File Construction of Perso
Pagsta Ja	H1 == 58 PM
30 Fairbanks, 3	Address)
Truine CA 90 (City/Sta	tte and Zip Code)
For further information concerning this matter, plea	ese call:
Charity Scott (Name of Person)	at (<u>949</u>) <u>45 - 3200</u> (Area Code & Daytime Telephone Number)
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations 409 E. Gaines Street	Division of Corporations P.O. Box 6327
Tallahassee, Florida 32399	Tallahassee, Florida 32314
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\Bigcup \text{\$130.00 Filing Fee & Certificate of}	☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate Status Certified Copy of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.1	agsta International ((Name of foreign limited liability company)
2.	N/A
(J	urisdiction under the law of which foreign limited liability (FEI number, if applicable)
4	(Date of Organization) 5. We Det Lo. (Duration: Year limited liability company will cease to generate exist or "perpetual") 5. We Det Lo. (Duration: Year limited liability company will cease to generate exist or "perpetual")
6	Upon Olialification (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)
7	30 Fairbanks, Ste # 110 " "
	Truine CA 92418 (Street address of principal office)
8. I	f limited liability company is a manager-managed company, check here
	he name and usual business addresses of the managing members or managers are as follows:
	Edward L. Cain - Managing Member
~	30 Fairbanks, Ste # 110
	Iwine, CA 92618.
i	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a ranslation of the certificate under oath of the translator must be submitted.)
11.	Nature of business or purposes to be conducted or promoted in Florida: Datribution
C	of Pagsta Scooters
	Sheard Centy.
	Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)
	Eaward L. Cain Tr.
	Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

UNDERSIGNI	ED LIMITED LIABILI	OF SECTION 608.415 or 608.507, FLORI TY COMPANY SUBMITS THE FOLLOV OFFICE AND REGISTERED AGENT IN T	VING STATEM THE STATE OF	ÉNT ≅
1. The name o	of the Limited Liability	Company is:	•	NEGRETARY
Pageta Internati	onal, LLC			3990
2. The name a	and the Florida street ac	ddress of the registered agent and office are	e:	新新ms H 1:58
	Dean Bunch			
		(Name)	49-44/	
	2282 Killearn Center B	doulevard		
	Floride Str	ect Address (P.O. Box NOT ACCEPTABLE)	reconditional region of the second se	· · · ·
	Tallahassee	pr 32309		

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

City/State/Zip

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)



SECRETARY OF STATE

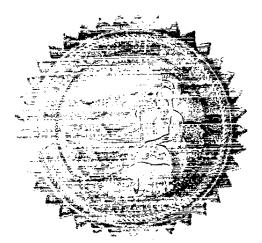
CERTIFICATE OF GOOD STANDING CALIFORNIA LIMITED LIABILITY COMPANY

I, KEVIN SHELLEY, Secretary of State of the State of California, hereby certify:

That on the 16th day of December, 2003, PAGSTA INTERNATIONAL, LLC, became recognized under the laws of the State of California by filing its Articles of Organization in this office; and

That according to the records of this office, the said limited liability company is authorized to exercise all its powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition of this limited liability company.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of June 1, 2004.

KEVIN SHELLEY Secretary of State