

MO4000005406

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

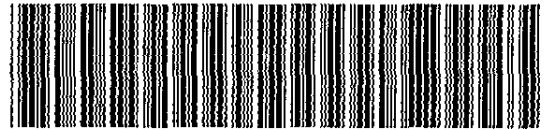
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/15/08--01001--017 **25.00

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

08 APR 14 PM 4:21

RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 APR 14 PM 4:25

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LUCKY LEAF, LLC Request for DirectTRAX Name Change
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Betty Torrejon
(Name of Person)

DirectTRAX GPS Mobile Solutions, LLC
(Firm/Company)

2046 Creek Hollow Trl
(Address)

Tallahassee, FL 32317
(City/State and Zip Code)

For further information concerning this matter, please call:

Betty Torrejon at (850) 878-3239
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

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

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

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

SECTION I (1-3 must be completed)

- 1. Name of limited liability company as it appears on the records of the Florida Department of State: Lucky LEAF FARMS, LLC
- 2. Jurisdiction of its organization: TENNESSEE
- 3. Date authorized to do business in Florida: 2/17/2008

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 APR 14 PM 4:25

SECTION II (4-7 complete only the applicable changes)

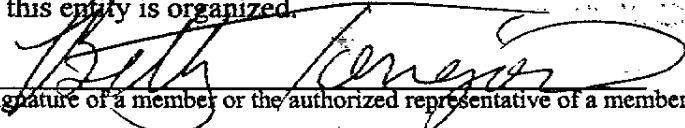
- 4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? 2/12/2008
- 5. New name of the limited liability company: _____
(must end with "Limited Liability Company," "L.L.C.," or "LLC.")

DirectTRAX GPS Mobile Solutions, LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must end with "Limited Liability Company," "L.L.C." or "LLC.")

- 6. If the amendment changes the period of duration, indicate new period of duration: _____
- 7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: _____
- 8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: _____

9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of a member or the authorized representative of a member
BETTY TORREJON
Typed or printed name of signee

Secretary of State
Division of Business Services
312 Eighth Avenue North
6th Floor, William R. Snodgrass Tower
Nashville, Tennessee 37243

ISSUANCE DATE: 05/05/2008
REQUEST NUMBER: 6309-2447
TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 12/16/2002
STATUS: ACTIVE
CORPORATE EXPIRATION DATE: PERPETUAL
CONTROL NUMBER: 0438243
JURISDICTION: TENNESSEE

TO:
BETTY TORREJON
2046 CREEK HOLLOW TR

TALLAHASSEE, FL 32317

REQUESTED BY:
BETTY TORREJON
2046 CREEK HOLLOW TR

TALLAHASSEE, FL 32317

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT

"DIRECTTRAX GPS MOBILE SOLUTIONS, LLC"

A LIMITED LIABILITY COMPANY DULY FORMED UNDER THE LAW OF THIS STATE WITH DATE OF
FORMATION AND DURATION AS GIVEN ABOVE;
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE
EXISTENCE OF THE LIMITED LIABILITY COMPANY HAVE BEEN PAID;
THAT THE MOST RECENT LIMITED LIABILITY ANNUAL REPORT REQUIRED HAS NOT BEEN FILED
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND
THAT ARTICLES OF TERMINATION OF THE EXISTENCE HAVE NOT BEEN FILED.

FOR: REQUEST FOR CERTIFICATE

ON DATE: 05/05/08

FROM:
DIRECTTRAX
2046 CREEK HOLLOW TR

TALLAHASSEE, FL 32317-8064

RECEIVED: FEES \$20.00 \$0.00
TOTAL PAYMENT RECEIVED: \$20.00

RECEIPT NUMBER: 00004395367
ACCOUNT NUMBER: 00507048



SS-4458

Riley C Darnell

RILEY C. DARNELL
SECRETARY OF STATE