M0900000 24-86

(Requestor's Name)	
(Address)	
	Address)	
(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(1	Business Entity Name)	
(1	Document Number)	
Certified Copies	Certificates of	Status
Special Instructions I	o Filing Officer:	
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355, 647, 6	Office Use Only	Med
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03/24/05--01054--002 **130.00

SECRETARY OF STATE

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations

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:

Lynn Ellen Ashby (Name of Person)			
Dance Trax Where happy te	et b	egi	n"
(Firm/Company)	₽g	05	
5856 ake Champlain. Dr. (Address)	CRETAR	OS MAY I I	#
Orlando Florida 32829 (City/State and Zip Code)	F OF SI	AMI	U .
information concerning this matter, please call:		05	

For further

(Area Code & Daytime Telephone Number) (Name of Person)

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$130.00 Filing Fee & \$\square\$ \$155.00 Filing Fee & Certificate of Status Certified Cop □ \$125.00 Filing Fee □ \$160.00 Filing Fee, Certificate of Status & Certified Copy Certified Copy



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 12, 2005

LYNN ELLEN ASHBY 5856 LAKE CHAMPLAIN DR ORLANDO, FL 32829

SUBJECT: DANCE TRAX Ref. Number: W05000016658

We have received your document for DANCE TRAX and your check(s) totaling \$130.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please c (850) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 205A00024871

Division of Compositions D.O. POV 6227 Tallahasson Florida 2221

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 FLORID.
1. Name of Foreign Limited Liability Company)/
1, 2,000,000
2. (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)
company is organized)
4. 1990 5. 2005 (Date of Organization) 5. Unration: Year limited liability company will cease to
(Duration: 1 ear timited habitity company with cease to exist or "perpetual")
64-1-05
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 5856 Lake Champlain Dr
Octobra Aloguala 2200
(Street Address of Principal Office)
8. If limited liability company is a manager-managed company, check here
9. The name and usual business addresses of the managing members or managers are as follows:
-ynn E. Ashby Dancestar L.
5856 Lava Champion De For
Color Racke Charlotte Scare 3
Urlando Florida. 32828 :
10. 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
translation of the certificate under oath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: To teach the
Got of Dance in Pre-Schools and DayCares
901
Signature of a market with the state of a market with the state of a market with the state of th
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.)
Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:
Dance Traxille
2. The name and the Florida street address of the registered agent and office are:
Lynn Ellen Ashby (Name) 5856 Lake Champlain Dr Florida Street Address (P.O. Box NOT ACCEPTABLE)
Orlando FL 32829 EST AY - T
Having been named as registered agent and to accept service of process for the above stated in the liability company at the place designated in this certificate, I hereby accept the appointment is 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. (Signature) (Signature)

Filing Fee for Application
Designation of Registered Agent

Certified Copy (optional)

Certificate of Status (optional)

\$ 100.00

\$ 25.00

\$ 30.00 \$ 5.00 DOM NEW 180 181 185

United States of America

State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Present Shall Come, Greeting:

I, RAY ALLEN, Deputy Administrator, Division of Corporate & Consumer Services, Department of Financial Institutions do hereby certify that

DANCE TRAX L.L.C.

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is OCTOBER 1, 1997.

I further certify that said corporation or limited liability company has not yet completed its initial report year and, accordingly, has not yet filed an annual report under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats.; and that said corporation or limited liability company has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on April 26, 2005.

RAY ALLEN, Deputy Administrator Division of Corporate & Consumer Services Department of Financial Institutions

tive July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by orporations Division of the Secretary of State and is the successor custodian of corporate records formerly by the Secretary of State.