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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations							
SUBJECT: SSI AMERICA ENG LLC (Name of Limited Liability Company)							
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:							
Frank Chu (Name of Person)							
(Name of Person)							
SSI AMERICA ENG LLC 麗言音							
(Firm/Company)							
(Firm/Company) 50 Charles Lindbergh Blud. Ste# 40 000 000 00000000000000000000000000							
Uniondale NY 1/5±3 (City/State and Zip Code)							
For further information concerning this matter, please call:							
Frank Chu at (5/6) 225-0430 (Name of Person) (Area Code & Daytime Telephone Number)							
STREET ADDRESS: Registration Section Division of Corporations Division of Corporations Division of Corporations 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 ☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & ★ \$160.00 Filing Fee, Certificate Certificate of 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	SSI AMERICA ENGL LLC (Name of Foreign Limited Liability Company)	~
2. (J	Tolaware Jurisdiction under the law of which foreign limited liability company is organized) Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)	•- ·
4.	(Date of Organization) 5. Perpetua (Duration: Year Imited liability company will cease to exist or "perpetual")	
6. ,	Optember 15 1,005 (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	APR-4 T
7.	2625 Grace Drive Ft. Lauderdale, FL 33316 (Street Address of Principal Office)	PH 1:26
	If limited liability company is a manager-managed company, check here The name and usual business addresses of the managing members or managers are as follows:	
٧.	James Buchheim, Frank Chu Arne Henrig, Ronny Lurch.	g a suma
the	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of reconstruction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, and a slation of the certificate under eath of the translator must be submitted.)	ords in
11.	Nature of business or purposes to be conducted or promoted in Florida: Electronic R&D Engineering Design.	•• • • • • •
	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 penaltics 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:		
SSI AMERICA	LENG LLC			
2. The name	and the Florida street ac	ddress of the registered agent and office	e are:	
	NRAI Services, Inc.			
		(Name)		
	2731 Executive Park	Dríve. Suite 4	06 APR -4 SECHETAF TALLAHASS	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)			프
			92.22	
	Weston	FL 33331	110 x	
		City/State/Zip	PM 1:26 OF STATE EE, FLORIDA	
liability compo agent and agra relating to the obligations of MRAI Services By:	any at the place designal ee to act in this capacity proper and complete pe my position as registered	nt and to accept service of process for the ted in this certificate, I hereby accept the I further agree to comply with the proverformance of my duties, and I am familied agent as provided for in Chapter 608,	e appointment as registered visions of all statutes ar with and accept the	

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

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SSI AMERICA ENG LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF MARCH, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SSI AMERICA ENG LLC" WAS FORMED ON THE THIRD DAY OF NOVEMBER, A.D. 2004.



Warriet Smith Windson Harriet Smith Windson, Secretary of State

AUTHENTICATION: 4611153

DATE: 03-22-06

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