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(City/State/Zip/Phone #)	07/31/0801008018 **1000.00
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: 189 (107) 671	FILED 08 SEP - 3 PM 4:09 SECRETARY OF STATE ALL MHASSEE, FLORIDA
Office Use Only	M. THOMAS SEP - 3 2008 EXAMINER

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### FLORIDA DEPARTMENT OF STATE Division of Corporations

August 11, 2008

JACKIE DANIELS 2784 WRIGHTS ROAD STE 1000 OVIEDO, FL 32765

SUBJECT: TRAKA USA LLC Ref. Number: W08000036328

We have received your document for TRAKA USA LLC and your check(s) totaling \$1000.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6097.

Marsha Thomas Regulatory Specialist II

Letter Number: 108A00045425

08 SEP -3 PM 4:09



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 1, 2008

JACKIE DANIELS 2784 WRIGHTS ROAD STE 1000 OVIEDO, FL 32765

SUBJECT: TRAKA USA LLC Ref. Number: W08000036328

We have received your document for TRAKA USA LLC and your check(s) totaling \$1000.00. 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 grand your filing will be considered abandoned.

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

Marsha Thomas Regulatory Specialist II

Letter Number: 908A00044188

08 SEP -3 PH 4:09

Carl Barrie

a service a serv

Division of Comparations DO POV 6227 Tollahagaan Florida 22214

<ul> <li>Wilder Accounting &amp; Tax Service Inc. Lack E.Wilder EA.CP. Daniel Wilder CPA (270 Alome Ave. Ste 128.Winter Park, Fl. 32792 Main:407.672.0134 email-Jackewildercpa@embarqmail.com</li> <li>TO: Marsha Thomas</li> <li>COMPANY NAME: Department of State of Florida</li> <li>FAX NUMBER: mthomas@state.fl.us</li> <li>FROM: Mary Alice Wilder/ Traka USA LLC</li> <li>DESCRIPTION: Marsha, The attached are the documents we discussed this morning. Since Traka USA LLC paid \$1000.00 dollars. Please debit these fees against the amount paid. The (\$155.00 dollars for Trike USA LLC and Store The Designation of Registered Agent. Total being \$180.00 making a refund of \$820.00 dollars for Traka USA LLC. DTSCA UF The SE COCOL, SHC 1000 WIRCLO, TI 32765</li> <li>NUMBER OF PAGES SENT (including Cover Sheet):</li> </ul>	-	FAX COVER SHEET		
<pre>[Jack E. Wilder EA.OPA , Daniel Wilder CPA )</pre>				
COMPANY NAME: Department of State of Florida FAX NUMBER: mthomas@state.fl.us FROM: Mary Alice Wilder/ Traka USA LLC DESCRIPTION: Marsha, The attached are the documents we discussed this morning. Since Traka USA LLC paid \$1000.00 dollars. Please debit these fees against the amount paid. The \$155.00 dollars for filing fee and Certified copy, \$25.00 for the Designation of Registered Agent. Total being \$180.00 making a refund of \$820.00 dollars for Traka USA LLC. Traka USA LLC. TABLE. TABLE. TRAGE WIGHTS R GCCL, Ste 1000 DVICO, 7132765		Jack E.Wilder EA,CPA , Danlel Wilder CPA 4270 Aloma Ave. Ste 128,Winter Park,Fl. 32792 Main:407.657.7200 Fx.407.672.0134		
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	   If ther	e is a problem receiving ansmission please contact: maryalicewilder@bellsouth.net		

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

IN COMPLIANCE WITH SECTION 608:503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

ムムC USA ime of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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 include "Limited Liability Company," "L.L.C.," "LLC.") 7-071 475/ (FEI number, if applicable) GEORGI 2. (Jurisdiction under the law company is organized) which foreign limited liabilit (Date of Organization) Perpetual (Duration: Year limited liability company will cease to exist or "perpetual") (Date first transacted business in Plorida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. 2784 00,0 Hiedo, Flizz 5 Kg STe 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: KENT, 30 ST. lebrook Rd. Olivey, Buckinghamshire MK4656A KliNNER, 30 Stik brook Rd Olwey, Buckinghunchine HK465EA NCAN 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in

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 each of the translator must be submitted.) ONFILE

11. Nature of business or purposes to be conducted or promoted in Florida: ElectroNic Key

Signature of a momber 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.)

B OhN ent Typed or printed hame 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:

## TRAKA USALLC

If name unavailable, the alternate name to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

JACK E. Wilden (Name) 4270 AlomA AVE STE 128, Florida Street Address (P.O. Box NOT ACCEPTABLE) WINTER PARK 32792

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.

Jende Ween (Signature)

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

Control No. 08006923

# STATE OF GEORGIA Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

# CERTIFICATE OF EXISTENCE

I, Karen C Handel, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

# TRAKA USA, LLC

### **Domestic Limited Liability Company**

was formed or was authorized to transact business on 01/25/2008 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 6th day of August, 2008

Faun CHandel

Karen C Handel Secretary of State

Certification Number: 3070863-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp