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(Requestor's Name)			
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PICK-UP	WAIT	MAIL	
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Certified Copies	Certificate	s of Status	
Special Instructions to Filing Officer:			
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EXAMINER



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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September 17, 2008

Régistration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

To Whom It May Concern

Re: International Delivery Solutions LLC

We are applying to register a foreign limited liability company to transact business in Florida. Enclosed are our application, certificate of existence, and check have been application, certificate of existence.

Note: The State of Wisconsin does not issue original certificates of existence. Instead, they provide a copy printed from their website with an authentication code (bottom left). Once your office enters the code, the certificate is confirmed by the website.

If you have any questions, please contact me

Regards,

Margaret S. Schneider; COO
International Delivery Solutions LLC



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 22, 2008

MARGARET SCHNEIDER P.O. BOX 420 OAKCREEK, WI 53154-0420

SUBJECT: INTERNATIONAL DELIVERY SOLUTIONS LLC

Ref. Number: W08000043893

We have received your document for INTERNATIONAL DELIVERY SOLUTIONS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain both the street address of the principal office and the mailing address of the entity.

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) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 708A00051025



November 19, 2008

Department of State
Division of Corporations
Attn: Agnes Lunt, Regulatory Specialist II
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Dear Agnes

Re:: Letter Number: 708A00051025

We return our application with the required street address of the principal office and the mailing address of the entity. We also enclose a copy of your letter to us.

If you have any questions, please call me at 1-414-856-1188. Thank you for your help in this matter.

Regards,

Margaret S. Schneider, COO

Margore Blancia

International Delivery Solutions, LLC

Phone: 1-414-856-1188 X 235 Fax: - 1-414-856-1198

Email: mschneider@idstrac.com

2008 NOV 2 1 PM 4:

COVER LETTER

Division of Corporations
SUBJECT: International Delivery Solutions 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:
Please return all correspondence concerning this matter to the following: Magaret Schneider (Name of Person) Therational Delivery Solutions of Fig. (Firm/Company)
(Firm/Company)
POBOX 420 (Address)
Oak Creek W) 53154-0420 (City/State and Zip Code)
For further information concerning this matter, please call:
Margaret Schneider at (414) 856 1188 x 235 (Name of Person) (Area Code & Daytime Telephone Number)
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount: \$\sumsymbol{\Sigma}\$125.00 \text{ Filing Fee} \sumsymbol{\Sigma}\$130.00 \text{ Filing Fee} & \sumsymbol{\Sigma}\$155.00 \text{ Filing Fee} & \sumsymbol{\Sigma}\$\$\$\$\$\$\$\$\$ Certificate of Status & Certified Copy \text{ Certified Copy} \text{ Certified Copy} \text{ Certified Copy} \text{ 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	International Delivery Solutions LC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
	7340 SHOWELL AVE COLK ONE K W153154	•
	ne unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the value of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liabili	
Compa	any," "L.L.C.," "LLC.")	
2.\\	Sconsin 39-1965/38 (FEI number, if applicable)	
(Jur com	isdiction under the law of which foreign limited liability (FEI number, if applicable)	
	e e e e e e e e e e e e e e e e e e e	
4	(Date of Organization) 5. Per petual (Duration: Year limited liability company will cease to	
	exist or "perpetual")	
6	(See sections 608.501 & 608.502 F.S. to determine penalty liability) (See Sections 608.501 & 608.502 F.S. to determine penalty liability)	
	(See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7.	3508. Enterprise Aue.	-
·· <u> </u>	Maples 71 Collier 34904	'n
_	(Street Address of Principal Office)	
8. If	limited liability company is a manager-managed company, check here	
9. Th	te name and usual business addresses of the managing members or managers are as follows:	
_	margaret Schneider	
	10821 Halfmoon Shoal #102 Bld 56	
_	Bonita Springs FL 34135-1752	
10. At	tached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of reco	ords in
_	sdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a	
translat	ion of the certificate under oath of the translator must be submitted.)	
11. N	lature of business or purposes to be conducted or promoted in Florida:	
	International mail Consolidator.	
	International Mail Consolidator.	
	Margaret Show how de	
	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.)	
	margaret S Schneider	

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: Triternational Delivery Solutions LLC3 =	ロコ
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:	
Margaret Schneider (Name)	
10821 Halfmoon Shool #102 Bld54 Florida Street Address (P.O. Box NOT ACCEPTABLE)	0
Bonita Springs FL 34135-1752	

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.

Marsullichneider (Signature)

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

United States of America State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS

Division of Corporate & Consumer Services



To All to Whom These Presents Shall Come, Greeting:

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

INTERNATIONAL DELIVERY SOLUTIONS, LLC

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 May 24, 1999.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on July 30, 2008.

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

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

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: http://www.wdfi.org/apps/ccs/verify/

Enter this code:

56785-0D5902BE