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M. THOMAS

MAY 18 2009

EXAPPINES

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJE						
	Name of Limited Liability Company					
	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of ce, 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:					
	LEE H. SCHILLINGER, ESQ					
	Name of Person ALS: 19					
	LEE H. SCHILLINGER, P.A.					
	LEE H. SCHILLINGER, P.A. Firm/Company 4601 SHERIDAN STREET, SUITE 202 Address					
	4601 SHERIDAN STREET, SUITE 202					
	Address					
	HOLLYWOOD, FLORIDA 33021					
	City/State and Zip Code					
	FRAUDBUSTER@BELLSOUTH.NET E-mail address: (to be used for future annual report notification)					
For fur	her information concerning this matter, please call:					
	PAUL KOGAN, ESQ. at (954) 981-8383					
	Name of Person Area Code & Daytime Telephone Number					
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301					
Enclo	sed is a check for the following amount:					
	\$125.00 Filing Fee \$130.00 Filing Fee & Status \$155.00 Filing Fee & Certificate 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	MAI (Name of Foreign Limited Liability Company; mi	NTRA(CK, LLC "Limited Liability Company," "L.L.C.," o	or "LLC.")
cons	ame unavailable, enter alternate name adopted for the ent of the managers or managing members adopting pany," "L.L.C," "LLC.")			
2.	NEW JERSEY	3.	45-0569138	
(Ju co	NEW JERSEY risdiction under the law of which foreign limited lia mpany is organized)	ability	(FEI number, if applicable)	
4.	FEBRUARY 26, 2007 (Date of Organization)	5.	PERPETUAL (Duration: Year limited liability company)	
``-	(Date of Organization)		(Duration: Year limited liability company exist or "perpetual")	y will cease to
6	(Date first transacted busine	ss in Flori	da, if prior to registration.)	
	(See sections 608.501 & 608.	502 F.S. to	determine penalty liability)	7.0
7. <u>\</u>	/IA CASTELFIDARDO, 2,			
<u>1</u>	REGGIO EMILIA, ITALY			AHE TO
	(Street A	Address of	Principal Office)	15 PH
8. I	f limited liability company is a manager-ma	inaged co	ompany, check here	2009 WAY 15 PM 1: 46 SELRETARY OF STATE SOURCE TARE OR STATE SOURCE TARE OF STATE SOURCE TARE
9. 1	The name and usual business addresses of the	ne manag	ing members or managers are as fol	lowsहुनी क
	ENZO BARTOLI			
•	VIA CASTELFIDARDO, 2,			
-	REGGIO EMILIA, ITALY			
theju	Attached is an original certificate of existence, no more trisdiction under the law of which it is organized. (A plation of the certificate under oath of the translator mus	hotocopy i	s not acceptable. If the certificate is in a forei	
11.	Nature of business or purposes to be condu	cted or p	promoted in Florida: Nature of Bu	siness: Any
	and all matters dealing with	real est	ate and real estate transaction.	
_	1/ // .	000		,
	(In accordance with section 608.4	408(3), F.S.	orized representative of a member, , the execution of this document constitutes that the facts stated herein are true.)	
	•		GAN, ESQ.	

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:	
MAINTRACK, LLC	
If unavailable, the alternate to be used in the state of Florida is:	
2. The name and the Florida street address of the registered agent and office are:	7 21
LEE H. SCHILLINGER, P.A. (Name)	FIL. 2009 MAY 15 SECRETAGE TALLAHASE
4601 SHERIDAN STREET, SUITE 202 Florida Street Address (P.O. Box NOT ACCEPTABLE)	PH 1: 46
HOLLYWOOD, FL 33021 City/State/Zip	- OF 6

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.

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

STATE OF NEW JERSEY DEPARTMENT OF TREASURY SHORT FORM STANDING

MAINTRACK LLC 0600292909

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on February 26, 2007.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify the registered agent and registered office are:

Jay W Trien 177 Madison Avenue Box 1982 Morristown, NJ 07962 1982

Certificate Number: 114168405

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 17th day of April, 2009

R. David Rousseau State Treasurer