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OBPARTIENT OF STATE DIVISION OF CORPORATIONS TALLAHASSEC FLORIDA

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SECRETARY OF STATE DIVISION OF CORPORATIONS

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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COVER LETTER

TO:

Registration Section Division of Corporations

1 UNCO	
3	ROAD CONTRACTOR

SUBJECT: LAIPAC TECH USA, 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:

	-
CARLOS M. SAMLUT	CPA
	Name of Person
SAMLUT & COMPAN	Υ
	Firm/Company
PO BOX 557243	
	Address
MIAMI, FL 33255	
	City/State and Zip Code
CSAMLUT@SAMLUT.	
For further information concerning this matter, plea	to be used for future annual report notification) se call:
CARLOS M. SAMLUT	_{at (} 305 ₎ 461-9518
Name of Person	Area Code & Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amou \$125.00 Filing Fee \$\int_{\text{State}}\$130.00 Filing Fe Certificate of State	ee & \$\Bigs\\$155.00 Filing Fee & \$\Bigs\\$160.00 Filing Fee, Certificate

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, LAIPAC TECH USA, LLC	
(Name 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 consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liabi Company," "L.L.C," "LLC.")	
2. DELAWARE 3. 99-0366406	
2. DELAWARE 3. 99-0366406 (Jurisdiction under the law of which foreign limited liability company is organized) (Fill number, if applicable)	~
4. 10/02/2009 (Date of Organization) 5. (Duration: Year limited liability company will cease to exist or "perpetual")	-
6	
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	*
7 2665 S. BAYSHORE DRIVE, STE 220	JUN 25
1. 2000 O. DITTOTTE DITTYE, OTE 220	- Z
COCONUT GROVE, FL 33133	ۍ.
(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:	
BOR SHENG LAI	
2665 S. BAYSHORE DRIVE, STE 220	•
COCONUT GROVE, FL 33133	•
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of rectification 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 ooth of the translator must be submitted.)	cords in
11. Nature of business or purposes to be conducted or promoted in Florida: MANUFACTURING	
i ly	
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. I am aware that any false information submitted in a	
document to the Department of State constitutes a third degree felony as provided for in v.817.155, F.S.) $ \begin{array}{c} & & & & & & & & \\ & & & & & & \\ & & & & & & \\ & & & & & & \\ \end{array} $	
Typed or printed name of signee	
ryped or primed name or 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:
LAIPAC TECH USA, 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:
CMS INTERNATIONAL ENTERPRISES, INC
(Name)
550 BILTMORE WAY, STE 200
Florida Street Address (P.O. Box NOT ACCEPTABLE)
CORAL GABLES FL 33134
City/State/Zip

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.

A Signature)

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

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "LAIPAC TECH USA, 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-NINTH DAY OF JUNE, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LAIPAC TECH USA, LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF JUNE, A.D. 2009.

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

4702704 8300

110775015

AUTHENTY CATION: 8871167

DATE: 06-29-11

You may verify this certificate online at corp.delaware.gov/authver.shtml