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(Requestor's Name)				
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PICK-UP WAIT MAIL				
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(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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Special Instructions to Filing Officer:				





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K. SALY EXAMINER MAY 3 1 2012



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

May 16, 2012

APPLIED CARD SYSTEMS OF PA, INC. 50 APPLIED CARD WAY GLEN MILLS, PA 19342

SUBJECT: RAA MANAGEMENT, LLC Ref. Number: W12000027234

We have received your document for RAA MANAGEMENT, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$1,055.00.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly Regulatory Specialist II

Letter Number: 712A00014499

RAA Management, LLC 50 Applied Card Way Glen Mills, PA 19342

FL Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

May 7, 2012

Dear Sir or Madam.

Enclosed is an original certificate of existence from the State of Delaware, dated April 13th, 2012, for RAA Management, LLC. Please note that this original certificate, as received from the State of Delaware, included an electronic signature from Jeffrey W. Bullock, the Delaware Secretary of State. This original certificate of existence was not photocopied, scanned, or altered in any manner and it may be verified online at http://corp.delaware.gov/authver.shtml.

Should you have additional questions or concerns, please do not hesitate to contact me at (484) 840 – 9179 x 29536.

Thank you,

Walter Sockoloskie

Watter Socholoshie

#### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: RAA Management, LLC	_
Name of Limited Liability Company	
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business Existence, and check are submitted to register the above referenced foreign limited liability company to tra	
Please return all correspondence concerning this matter to the following:	
c/o RAA Management, LLC	
Name of Person	
Applied Card Systems of PA, Inc.	
Firm/Company	
50 Applied Card Way	
Address	
Glen Mills, PA 19342	
City/State and Zip Code	
walter_sockoloskie@raamanagement.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Walter Sockoloskie at (484) 840 - 9179 x 2	9536
Name of Person Area Code & Daytime Telephone Number	
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton Building	
Tallahassee, FL 32314  2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for the following amount:  \$\int\\$\$125.00 \text{ Filing Fee}\$  Certificate of Status  \$\int\\$\$\$Certified \text{Copy}\$  \$\$160.00 \text{ Filing Fee & Certified Copy}\$  \$\$160.00  Filing Fee	e, Certificate fied 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. RAA Management, 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 writte consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")
2. State of Delaware (Jurisdiction under the law of which foreign limited liability company is organized)  3. 68-0660900 (FEI number, if applicable)
4. 10/30/2007 (Date of Organization)  5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")
6. 01/01/2008
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty hability)  7. 5401 Broken Sound Blvd. NW
7. 5401 Broken Sound Blvd. NW  Boca Raton, FL 33487
(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:
Rocco A. Abessinio
5401 Broken Sound Blvd. NW
Boca Raton, FL 33487
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 oath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida:
Business consulting services
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

Rocco A. Abessinio

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 L	imited Liability Company	is:	
RAA Manager	nent, LLC		
If unavailable, the alt	ernate to be used in the sta	ate of Florida is:	
2. The name and the	Florida street address of the	he registered agent and office are:	
Roce	co A. Abessinio		
		(Name)	<del></del>
540	I Broken Sound Blvd	d. NW	
	Florida Street Address	(P.O. Box <u>NOT</u> ACCEPTABLE)	<del></del>
Вос	a Raton	<sub>FL</sub> 33487	
		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.

(Signature)

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



PAGE 1

### The First State

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

DELAWARE, DO HEREBY CERTIFY "RAA MANAGEMENT, 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 THIRTIETH DAY OF APRIL, A.D. 2012.

4449499 8300

120482138

Jeffrey W. Bullock, Secretary of State

AUTHENTYCATION: 9536985

DATE: 04-30-12

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