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### FLORIDA FILING & SEARCH SERVICES, INC.

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DATE:

08-10-2012

NAME:

SOFWAY USA LLC

TYPE OF FILING: APPLICATION BY FOREIGN LLC TO TRANSACT BUSINESS IN FLORIDA

COST:

\$125

**RETURN:** 

ACCOUNT: FCA000000015

**AUTHORIZATION:** 

ABBIE/PAU

#### **COVER LETTER**

TO:

Registration Section

Division of	Corporations			
SUBJECT:		MAY USA		
<del></del>	Nar	ne of Limited Liability Cor	npany	
The enclosed "Appli Existence, and check	cation by Foreign Limited Liab are submitted to register the al	ility Company for Authori. pove referenced foreign lim	zation to Transact Business in Florida," Cer nited liability company to transact business i	tificate of in Florida.
Please return all corr	espondence concerning this ma	tter to the following:		
		Name of Person	<u> </u>	
		Firm/Company	<u> </u>	
		Address		
_			·	
		City/State and Zip Code		
	(	CPPROD C	BEZLSOUTH. NET	
<del></del>	E-mail address: (1	o be used for future annua	report notification)	
For further informati	on concerning this matter, plea	se call:		
c	UNT SULTIZ	ul (302	421-5752	
	Name of Person	Area Code & Daytim	e Telephone Number	
	327	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center C Tallahassee, FL 32301		
Enclosed is a che	ick for the following amount ing Fee \$\bigset\$ \$\bigset\$ S130.00 Filing Fe Certificate of Sta	nt: te & 5155.00 Filing Fo tus Certified Copy	ee & \$160.00 Filing Fee, Certificate of Status & Certified Copy	

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREKIN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

<i>LIMITED LIABILITY COMPANY TO TRANSACT BUSINE</i> 1 . Sofway USA LLC	S IN THE STATE OF FLORIDA:	
(Name of Foreign Limited Liability Company;	must include "Limited Liability Company," "	L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for consent of the managers or managing members adoptic Company," "L.L.C," "LLC.")	the purpose of transacting business in Florida ng the alternate name. The alternate name mus	and attach a copy of the writter st include "Limited Liability
Delaware     (Jurisdiction under the law of which foreign limited)	3. (FEI number, if ap	
company is organized)	liability (FEI number, it ap	opricable)
4. 6/06/2012	5. perpetual	
(Date of Organization)	(Duration: Year limited liability exist or "perpetual")	y company will cease to
6.		
(Date first transacted busi	ness in Florida, if prior to registration.) 8.502 F.S. to determine penalty liability)	
7. 6574 N. State Rd. 7 #287		
		FO
Coconut Creek FL 33073	t Address of Principal Office)	
8. If limited liability company is a manager-	nanaged company, check here	IO AN SSEE, F
Don Fallon		<b>8</b> H <b>2</b>
6574 N. State Rd. 7 #287		
Coconut Creek FL 33073		
<ol> <li>Attached is an original certificate of existence, no mother jurisdiction under the law of which it is organized. (A translation of the certificate under oath of the translation of the translation of the certificate under oath of the translation of the translation of the certificate under oath of the translation of the certificate of existence, no modern the jurisdiction under the law of which it is organized.</li> </ol>	A photocopy is not acceptable. If the certificate is ust be submitted.)	
tri, trainic of outsides of purposes to see con		<del></del>
	on Sallon	
	or an authorized representative of a member.	flimation water the
penalties of perjury that the facts stated l	S., the execution of this document constitutes an a herein are true. I am aware that any false inform constitutes a third degree felony as provided	ation submitted in a

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 Co. Sofway USA LLC	mpany is:	
If unavailable, the alternate to be used in	the state of Florida is:	
2. The name and the Florida street addre	ess of the registered agent and office are:	
Florida Filing & Search Services, Inc. (Name)		12 AUG SECHI TALLAH
155 Office Plaza Drive, Suite A  Florida Street Address (P.O. Box NOT ACCEPTABLE)		HED W
Tallahassee	FL 32301	7. 9. 58 FLORUS
	City/State/Zip	
Having been named as registered agent ar	nd to accept service of process for the abov	ve stated limited

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.

// Kaigiimaic,

\$ 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 "SOFWAY 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 TENTH DAY OF AUGUST, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SOFWAY USA LLC" WAS FORMED ON THE SIXTH DAY OF JULY, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5180132 8300

120925044

UTHENT\CATION: 9772482 DATE: 08-10-12

Jeffrey W. Bullock, Secretary of State

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