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ACCOUNT NO. : I2000000195

REFERENCE: 718426

AUTHORIZATION :

COST LIMIT : \$ 130.00

ORDER DATE: July 9, 2013

ORDER TIME : 2:24 PM

ORDER NO. : 718426-005

CUSTOMER NO: 7231833

#### FOREIGN FILINGS

NAME: TRAFFIPAX, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER:

To the same of the
Charles
E.
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( ,,,,,

CR2E027 (9/10)		
	CR2E027	(9/10)

#### COVER LETTER

	ration Section on of Corporations			•			
TI BJECT:	RAFFIPAX, LLC			,	•		
	· · · · · · · · · · · · · · · · · · ·	Name of Limited Lie	ability Company	:			
stence, and o	Application by Foreign Limited Licheck are submitted to register the	above referenced f	oreign limited li				
ise retiim all	I correspondence concerning this	matter to the follow	ing:	,			•
	Pamela Michaels	. ,				_	
•		Name of I	Person				
	Traffipax, LLC				<b>'</b> .		
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: .	8775 Centre Park Drive, #55	7					
		Addre	'\$\$				
	Columbia, MD 21045	•			•	•	
•		Citý/State and	Zip Code				
	pamela.michaels@traffipaxin	c.com		·	٠	ALL.	3
ę.	E-mail address	: (to be used for fut	ure annual repor	notification)		AHA AHA	
further infor	rmation concerning this matter; pl	ease call:		•		\$\$ <del>\$</del>	-9
Pame	ila Michaels	at (		7-0007		13 S	3
	Name of Person .	Area Code &	& Daytime Telep	shone Number		25. E	φ.
Divisio	ING ADDRESS: on of Corporations	STREET ADI Division of Co	rporations (			i i i i i i i i i i i i i i i i i i i	· <u>5</u> .
P.O. Bo	ntion Section ox 6327 assee, FL 32314	Registration Se Clifton Buildin 2661 Executive	g				,
, and la	index 1 to dedict	Tallahassee, Fl.					
·losed is a	check for the following amo	ount:		•			

### 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:

(Name o	f Foreign Limite	d Liability Company; mus	t includ	le "Limited Liabi	hty Compai	;у," "L.IС	.," or "!	LLC.jj)	• •
			· .						,
nsent of the m	lable, enter alter nanagers or man L.C," "LLC.")	nate name adopted for the aging members adopting the	purpose e alterr	e of transacting b nate name. The al	usiness in F ternate nam	lorida and e must incl	anach:a ude "Li	copy.of.tl mited Lia	he writter bility
Delaware			3.	04-3459191		•			
(Jurisdiction to company is of	under the law of rganized)	which foreign limited liab	ility	(1	El number	, if applica	ble)	. "	
03/16/1999			5.	Perpetual			•		
	(Date of Organ	nization)		(Duration: Ye exist or "perp	ear limited l etual") ·	iability cor	npany w	vill, cease t	0
May 1, 201	13								
	(1)a (See	tte first transacted business sections 608,501 & 608,50	in Flor 12 F.S.	ida, if prior to re to determine pen	gistration.) alty liability	)		<del>- Address</del> de la constante de	<del></del> ,
16490 Inno	ovation Drive			•				ರ್ಷ	<b>2</b>
Jupiter, FL	33478						4	ECR ECR	<u></u>
		(Street Ad	dress o	f Principal Office	e)				Ë
•			:	•				\$550	· <b>9</b>
If limited l	liability comp	any is a manager-man	aged c	ompany, chec	k here 🔳				35
The name	and usual bus	siness addresses of the	mana	giņg members	or manag	ers are as	s follow	AS STA	်တ္တ
Jenoptik N	North America	16490 Innovation Drive	Jupiter	, FL 33478					2
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automated	enforcement e	quipment service center	·						<u></u> .
		A Letter	汉圣		a service and service		•		•
	Sign	ature of a member or a	an aùtl	norized repres	êntative o	f a memb	er.		

(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 s.817.155, F.S.)

Pamela Michaels

Typed or printed name of signee

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 of 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.

	LC .	·			<del> </del>
unavaila	ole, the alternate to be used in	n the state of Florida is			
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			<del></del>	,	······································
The nan	ne and the Florida street addr	ess of the registered ag	ent and office a	ге:	
•	:	•	· ·	Z S	豆
<b>.</b>	Corporation Service Com	ipany	<b>'.</b> ·	SECR TALL'A	
	Corporation Service Com	npany (Name)	,	SECRETATION OF TALL AHA	THE E182
			· · · · · · · · · · · · · · · · · · ·	SECRETARY	_
	Corporation Service Com			SECRETARY OF	9-11
	1201 Hays Street		CCEPTABLE)	SECRETARY OF STALL AHASSEE. EL-	世-9 至
	1201 Hays Street	(Name)	· .	SECRETARY OF STATE	6- TIF

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.

Corporation Service Company

Sue G. Knight

Sy:

Assistant Vice President

\$ 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 3

#### The First State

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

DELAWARE, DO HEREBY CERTIFY "TRAFFIPAX, 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 NINTH DAY OF JULY, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TRAFFIPAX, LLC" WAS FORMED ON THE SIXTEENTH DAY OF MARCH, A.D. 1999.

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

3017028 8300

130857709

AUTHENTY CATION: 0570496

DATE: 07-09-13

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