Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6363

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062

Phone Fax Number : (323)962-8600 : (323)962-3889

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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Foreign Limited Liability Company Trace Technologies, LLC

9	,
Certificate of Status	0
Certified Copy	1
Page Count	07
Estimated Charge	\$155.00

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3/18/2015

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	
	Name of Limited Liability Company
	losed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of the analysis of the company to transact business in Florida and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please r	eturn all correspondence concerning this matter to the following
	Imelda Vasquez
	Name of Porson
	Legalzoom.com, Inc.
	Firm/Company
	100 W. Broadway Suite 100
	Address
	Glendale, CA 91210
	City/State and Zip Code
	CUSTOMER'S EMAIL
	E-mail address: (to be used for future annual report notification)
For furt	her information concerning this matter, please call:
	Imelda Vasquez 323 962-8600
	Name of Contact 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
Enclos	ed is a check for the following amount: \$\Begin{array}{cccccccccccccccccccccccccccccccccccc

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUITS, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1 Trace LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") Trace Technologies, LLC (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") _{2.} Wyoming (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 1712 Pioneer Avenue #120 Chevenne, WY 82001 (Street Address of Principal Office) 6. 1712 Pioneer Avenue #120 Cheyenne, WY 82001 (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Jimmy Dixon, Member, 3219 East 67th Street, Tulsa, OK 74136 8. 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) Signature of an authorized person (In accordance with section 605,0203, F.S., the execution of this document constitutes an affirmation under the penalties of penjury 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.)

Jimmy Dixon

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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:	
Trace L	LC		
If mayailable	the alternate to be use	d in the state of Florida is:	
Trace I	echnologies,	LLC	
2. The name	and the Florida street ac	ddress of the registered agent and office are:	21.5 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 15.7 1
	United State	es Corporation Agents, Inc.	經 6 后
	<u> </u>	(Name)	
		ling Oak Court, Suite A	1.08.08 2.09.15 1.8.08
	Florida St	reet Address (P.O. Box NOT ACCEPTABLE)	3.*' D
	Tampa	FI, 33612	_
		City/State/Zip	

Having been rumed 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 605, 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)

WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

We, the undersigned, do hereby certify that I am the Authorized Person
of Trace LLC
(Name of Limited Liability Company)
a limited liability company duly organized and existing under the laws of
Wyoming
(State or Country of Organization)
Because the name of this foreign limited liability company does not satisfy the
requirements of the s. 605.0112, F.S., the limited liability company hereby adopts the
following name to transact business in the state of Florida:
Trace Technologies, LLC
(Name to be used by limited liability company in Florida. NOTE: Name must contain Limited Liability Company, L.L.C., or LLC.)
3/10/15
Signature Authorized Person Date

STATE OF WYOMING Office of the Secretary of State

I, EDWARD F. MURRAY, III, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Trace LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **June 26, 2014**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2014-000667499**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 18th day of March, 2015 at 7:17 AM. This certificate is assigned 017428733.



Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.