

MI8000009499

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

n b2
Sign RA W18-82358

Office Use Only



200318231882

10/19/18--01005--013 **55.00

09/11/18--01018--011 **70.00

FILED
18 OCT -4 AM 7:30

SEAL OF THE
OCT 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 14, 2018

MARY COOPER
82579 FLEMING WAY, STE A
INDIO, CA 92201

SUBJECT: SWISSTRAX, LLC
Ref. Number: W18000082398

We have received your document for SWISSTRAX, LLC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist III

Letter Number: 318A00019143

62

2018 OCT -4 PM:08

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Swisstrax 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:

Mary Cooper, VP of Finance

Name of Person

Swisstrax LLC

Firm/Company

82579 Fleming Way, Ste A

Address

Indio, CA 92201

City/State and Zip Code

mary@swisstrax.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Honri Marcel

760

347-3330

at ()

Name of Contact 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 amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Swisstrax 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. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.")

2. California

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 20-2292350

(FBI number, if applicable)

4. November 1, 2018

(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 4542 McLeod Boulevard

(Street Address of Principal Office)

6. 82579 Fleming Way

(Mailing Address)

Suite D

Suite A

Orlando, FL 32811

Indio, CA 92201

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Rubino Findley, PLLC

Office Address: 20283 State Road 7, Suite 304

Boca Raton, Florida 33498
(City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Registered agent's signature)

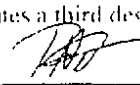
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
Owner	<u>Randy Nelson</u> <u>82579 Fleming</u> <u>Indio, CA 92201</u>	Admin	<u>Mary Cooper</u> <u>82579 Fleming</u> <u>Indio, CA 92201</u>
Owner	<u>Edwin Nelson</u> <u>82579 Fleming</u> <u>Indio, CA 92201</u>		

(Use attachments if necessary)

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.


(Signature of an authorized person)

Randy Nelson, Owner/President

(Typed or printed name of signer)

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: SWISSTRAX LLC

FILE NUMBER: 200504810179
FORMATION DATE: 02/15/2005
TYPE: DOMESTIC LIMITED LIABILITY COMPANY
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of August 31, 2018.

A handwritten signature in black ink, appearing to read "Alex Padilla".

ALEX PADILLA
Secretary of State

RYM