

MI90000002496

(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:

W19-18019
name must match CUS 3/12

Office Use Only



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02/13/19--01019--025 **125.00

FILED

2019 MAR 12 PM 4:26

TALLAHASSEE, FL

S. PRATHER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 23, 2019

SOORI AHAMPARAM
99 CHESTNUT ST
MILLBURN, NJ 07041

SUBJECT: POSITIVE TRAC LCC
Ref. Number: W19000018019

TRAC LCC

→ Not LCC it is LLC

We have received your document for POSITIVE TRAC LCC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6900.

Stacy Prather
Regulatory Specialist III

Letter Number: 419A00003862

As requested, company name is matching now.

Thank

Soori Ahamparam

977-886-1060

2019 FEB 19 PM 12:37

COVER LETTER

**TO: Registration Section
Division of Corporations**

POSITIVE TRRACK LLC

SUBJECT: _____
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:

Soori Ahamparam

Name of Person

Positive Track LLC

Firm/Company

99 Chestnut St

Address

Millburn, NJ 07041

City/State and Zip Code

soori@positivetrack.com

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

For further information concerning this matter, please call:

Soori Ahamparam 973 896 1060

Name of Contact Person at () 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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**



\$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 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. POSITIVE TRACK ~~LLC~~ LIMITED LIABILITY COMPANY
(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. NEW JERSEY
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(EIN number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0901 & 605.0905, F.S., to determine penalty liability)

5. 99 CHESTNUT ST
(Street Address of Principal Office)

6. 99 CHESTNUT ST
(Mailing Address)

MILLBURN

MILLBURN

NJ 07041

NJ 07041

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

Name: YEVIE ZA VALETA

Office Address: 16790 REDWOOD WAY

WESTON, Florida 33326
(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.

Yevie Zavaleta
(Registered agent's signature)

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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: Name and Address:
☒ Manager Name: SOORI AHAMPARAM
☐ Member Address: 99 CHESTNUT ST
☐ Authorized MILLBURN
 NJ 07041
Person
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:
☐ Manager Name: SHIVAN AHAMPARAM
☐ Member Address: 99 CHESTNUT ST
☒ Authorized MILLBURN
Person NJ 07041
☐ Other _____ ☐ Other _____

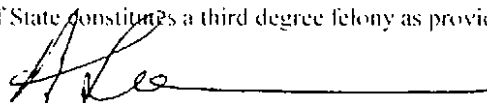
☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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

SOORI AHAMPARAM

Typed or printed name of signer

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TALLAHASSEE, FL

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING

POSITIVE TRACK LIMITED LIABILITY COMPANY

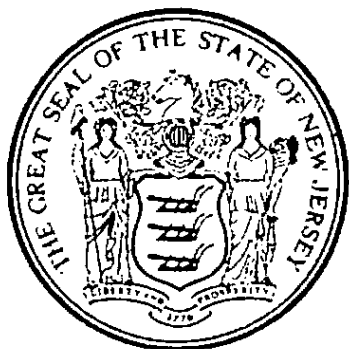
0400296853

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on July 14, 2009.

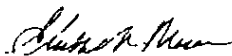
As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

SOORI AILAMPARAM
99 CHESTNUT ST
MILLBURN, NJ 07041



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
9th day of February, 2019*



Elizabeth Maher Muoio
State Treasurer

Certificate Number 6094901754

Verify this certificate online at

https://www1.state.nj.us/EYTR_StandingCert/ISP-Verify_Cert.jsp