

11/25/2019

Division of Corporations

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

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

Email Address: _____

**Foreign Limited Liability Company
SwissTrax, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	01
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FAX COVER SHEET

TO

COMPANY

FAX NUMBER 18506176383

FROM James Tanks III

DATE 2019-11-07 18:28:27 CST

RE 12357911 SwissTrax, LLC

COVER MESSAGE

Stephen Avallone
Fulfillment Associate I
CT Corporation

Team (614) 280-3338
GlobalFulfillmentTeam@wolterskluwer.com

TALLAHASSEE, FLORIDA

2019 NOV -8 PM 4:49

11-11-19

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. <u>SWISSTRAX, LLC</u> (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")		TALLAHASSEE, FLORIDA 2019 NOV 13 PM 4:49
<u>SwissTrax FL, LLC</u> (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. <u>GEORGIA</u> (Jurisdiction under the law of which foreign limited liability company is organized)	3. <u>84-3482065</u> (FEI number, if applicable)	
4. <u>N/A</u> (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S., to determine penalty liability.)		
5. <u>SwissTrax, LLC</u> (Street Address of Principal Office)	6. <u>SwissTrax, LLC</u> (Mailing Address)	
<u>4542 West McLeod Blvd, Ste D</u>	<u>4542 West McLeod Blvd, Ste D</u>	
<u>Orlando, Florida 32811</u>	<u>Orlando, Florida 32811</u>	

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.

By: C T Corporation System Michael Jones, Assistant Secretary
(Registered agent's signature)

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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Ronald Bennett</u>	<input type="checkbox"/> Manager	Name: <u>Amanda Todd</u>
<input type="checkbox"/> Member	Address: <u>205 Boring Drive,</u>	<input type="checkbox"/> Member	Address: <u>205 Boring Drive,</u>
<input checked="" type="checkbox"/> Authorized	<u>Dalton, GA 30721</u>	<input checked="" type="checkbox"/> Authorized	<u>Dalton, GA 30721</u>
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
 <input type="checkbox"/> Manager	 Name: _____	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
 <input type="checkbox"/> Manager	 Name: _____	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> 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.

Amanda Todd
Signature of an authorized person

Amanda Todd

Typed or printed name of signer

Control Number : 19137472

STATE OF GEORGIA**Secretary of State**

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

SwissTrax, LLC

a Domestic Limited Liability Company.

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 18155490
Date Inc/Auth/Filed: 10/17/2019
Jurisdiction : Georgia
Print Date : 10/24/2019
Form Number : 211

*Brad Raffensperger*

Brad Raffensperger
Secretary of State