

(Re	questor's Name)				
(Ad	dress)				
(Ad	dress)	<del></del>			
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nar	me)			
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to	Filing Officer:				

Office Use Only



100267695201

01/15/15--01003--021 \*\*122.50

SUFFICIENCY OF FILING

RECEIVED

IF ILED

15 JAN 15 AM 9: 00

SECRETARY OF STATE
ALLAHASSEF OF STATE

JAN 1 6 2015 **S. GILBERT** 

# SUNSHINE CORPORATE & FILING SERVICES, INC.

3458 LAKESHORE DRIVE TALLAHASSEE, FLORIDA 32312 (850) 656-4724 TOLL FREE: 844-541-6792

### COVER LETTER

WALK IN					
ENTITY NAME: C4 USA Inc.					
CK #1485					
AMOUNT: \$778.75					
PLEASE FILE THE ATTACHED AND RETURN:					
PLAIN COPY					
X CERTIFIED COPY					
PLEASE CONTACT TINA AT 850-508-1891 FOR FURTHER INFORMATION ON THIS MATTER.					
THANK YOU!					
TINA GOFF, PRESIDENT					

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1.	C4 USA Inc.						
		corporation; must include "INCORPORATED," orp," "inc," "Co," or "Corp.")	"COM	PANY," "CORPORATION,"			
,	(If name unavai	lable in Florida, enter alternate corporate name	adopi	ed for the purpose of transacting but	siness in Florida)		
2	DELAWARE		2	70 0000454		٠,	
۷.		y under the law of which it is incorporated)	_ 3	30-0802451 (FEI number, if app			
4.		10/25/2013	5	Perpetual	***		
		(Date of incorporation)		(Duration: Year corp. will cease t	o exist or "perpetual")	)	
6.	Upo	n Filing					
•		(Date first transacted busine		forlda, if prior to registration) F.S., to determine penalty liability)		1.	
7.	2267 Lakeshore	Boulevard West, Suite 705, Toronto, Ontario,	Canac	la M8V 3X2			
•••	and, contained	(Principal	_				
	0007   -1	Boulevard Wast Colle 705 Towards October	0	I- MOV OVO	Fo 🚄		
•	2267 Lakesnore	Boulevard West, Suite 705, Toronto, Ontario, (Current r			<del>- [8 2</del>		
		·	_			7	
В,	Name and stre	et address of Florida registered agent: (P.	O. Box	NOT acceptable)	SSEE.		
	Name:	United Corporate Services, Inc.			A A A		
Off	ice Address:	9200 South Dadeland Bivd., Suite 506			9: 08 STATE LORIE,	رب	
		Miami		. Florida 33156			
		(City)		(Zip code)	-	,	
pla cap	ving been nam ce designated pacity. I furthe formance of I	ngent's acceptance:  ned as registered agent and to accept so if in this application, I hereby accept the r agree to comply with the provisions of my duties, and I am familiar with and accept the UNITED CORPORATE SERVICES, INC.	appo of all s	intment as registered agent an tatutes relative to the proper a	nd agree to act in to nd complete	his	
		By: (Registered agent's signature	<u>a.</u>	barr			
		triogistores agents signature	,				

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Name	s and business addresses of officers and/or directors:
	CTORS
Chairmán:	
Address:	
Vice Chalm	nan:
Address:	
Director:	Floyd Marinescu
Address:	2267 Lakeshore Boulevard West, Suite 705, Toronto, Ontario, Canada M8V 3X2
Director:	7
Address:	
B. OFFI	CERS
President:	Floyd Marinescu
Address:	2267 Lakeshore Boulevard West, Suite 705, Toronto, Ontario, Canada M8V 3X2
Vice Presid	ent: Roxanne Beverstein
Address:	1061 November Drive, Cupertino, California 95014
•	
Secretary:	Floyd Marinescu
Address:	2267 Lakeshore Boulevard West, Suite 705, Toronto, Ontario, Canada M8V 3X2
Treasurer:	Floyd Marinescu
Address:	2267 Lakeshore Boulevard West, Sulte 705, Toronto, Ontario, Canada M8V 3X2
NOTE: If n	ecessary, you may attach an addendum, to the application listing additional officers and/or directors.
12.	if last
The officer	Signature of Director or Officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein d that he or she is aware that false information submitted in a document to the Department of State constitutes a e felony as provided for in s.817.155, F.S.
13. <u>Floyd i</u>	Marinescu, President (Typed or printed name and capacity of person signing application)

# Delaware

PAGE 1

#### The First State

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

DELAWARE, DO HEREBY CERTIFY "C4 USA INC." IS DULY INCORPORATED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING

AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF

THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF JANUARY, A.D.

2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "C4 USA INC."

WAS INCORPORATED ON THE TWENTY-FIFTH DAY OF OCTOBER, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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

5421453 8300

150050160

AUTHENTICATION: 2037683

DATE: 01-14-15

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