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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)205-8842

Fax Number

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| Tmail. | Address: |
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FOREIGN PROFIT/NONPROFIT CORPORATION

155907 Canada inc. (CAB Deco)

| | <u>·</u> |
|-----------------------|----------|
| Certificate of Status | 1 |
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TO: Registration Section

COVER LETTER

| Division of Co | · · | | | | |
|---|--------------------------------------|---------------|--|---|--|
| SUBJECT: 155907 CANADA INC. (C.A.B. DECO) | | | | | |
| Name of corporation - must include suffix | | | | | |
| Dear Sir or Madam: | | | | | |
| | ice," or "Certificate o | f Good Stan | ding" and check are su | act Business in Florida," ibmitted to register the | |
| Please return all corre | spondence concerning | g this matter | to the following: | | |
| CLAUDE BOILEAU | | | | | |
| | | Name of | Person | | |
| 155907 CANADA INC. | (C.A.B. DECO) | _ | | | |
| | | Firm/Com | pany | | |
| 5170 ST-LAURENT BL | .VD. | | | | |
| | | Addre | SS | | |
| MONTREAL, CANAD | A 312T 1R8 | | _ | | |
| | | City/State a | nd Zip code | 2015 SEC | |
| cb@cabdeco.ca | | | | | |
| For further information | | • | or future annual report | nolification) TARY C | |
| CLAUDE BOILEAU | n | , c514 | 927 0326 | FIS A | |
| Name of Pers | on | Area Code | Daytime Tele | phone Number | |
| Registration S Division of Co Clifton Buildin | orporations ng e Center Circle | | MAILING A Registration Division of C P.O. Box 632 Tallahassee, | Section Corporations 27 | |
| Enclosed is a check for | r the following amou | nt: | | | |
| □ \$70.00 Filing Fec | S78.75 Filing 1 Certificate of | | \$78.75 Filing Fee & Certified Copy | S87.50 Filing Fee. Certificate of Status & Certified Copy | |

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. 155907 CANAI | DA INC. (C.A.B. DECO) | | |
|---------------------------------------|---|-------------------------------------|--|
| (Enter name of c "Inc.," "Co.," "C | orporation; must include "INCORPORATED." orp." "Inc." "Co." or "Corp.") | "COMPANY," "CORPORATIO | N," |
| | | | |
| (If name unavaila | ible in Florida, enter alternate corporate name at | dopted for the purpose of transacti | ng business in Florida) |
| CANADA | 3, | 98 0476 627 | |
| ` | y under the law of which it is incorporated) | (FE) number, if a | pplicable) |
| JULY 9, 1987 | 5 | | |
| | of incorporation) | (Date of duration, if other | r than perpetual) |
| JULY 1, 2010 | | | |
| | (Date first transacted business in (SEE SECTIONS 607.1501 & 607.150 | | lity) |
| 5170 ST-LAURE | NT BLVD., MONTREAL, CANADA H2T IR | 3 | |
| · | (Principa | office address) | <u> </u> |
| | | | |
| | (Current mailing | address, if different) | |
| | | | 77 |
| Name and stree | t address of Florida registered agent: (P.O. | Box NOT acceptable) | 2016 2016 |
| Name: | C T Corporation System | | AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA |
| ffice Address: | 1200 South Pine Island Road | | P 2 |
| | Plantation, FL | , Florida 33324 | EF. |
| | (City) | (Zip code) | |
| Registered age | nt's acceptance: | | |
| laving been nam | ed as registered agent and to accept servic | e of process for the above state | ed corporation of the plus |
| esignaiea in inis | application, I hereby accept the appointm omply with the provisions of all statutes re | епт аз гедімегей адеті ини ад | ree to aci in inis capacit |
| | amiliar with and accept the obligations of | | |
| | C T Corporation Sys | stein | |
| _ | Defte Brys Danlieto Byers, Assis | | |
| Ву: | | ment Secretary sent's 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. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: ___ Address: Vice Chairman: ____ Address: _ **CLAUDE BOILEAU** Director: 5170 ST-LAURENT BLVD. Address: MONTREAL, CANADA H2T 1R8 JOHANNE BENOIT Director: 5170 ST-LAURENT BLVD. Address: MONTREAL, CANADA H2T 1R8 **B. OFFICERS** President: _____CLAUDE BOILEAU 5170 ST-LAURENT BLVD. Address: MONTREAL, CANADA H2T IR8 Vice President: Secretary: CLAUDE BOILEAU Address: ______5170 ST-LAURENT BLVD., MONTREAL, CANADA H2T 1R8 Treasurer: JOHANNE BENOIT 5170 ST-LAURENT BLVD., MONTREAL, CANADA H2T 1R8 Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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. 13. CLAUDE BOILEAU, SECRETARY

(Typed or printed name and capacity of person signing application)

Industry Industrie Canada Canada

| Certificate of Existence | Certificat d'existence |
|---|---|
| Canada Business Corporations Act s. 263.1(1)(c) | Loi canadienne sur les sociétés par actions art. 253.1(1) |
| 155907 CA | NADA INC. |
| Corporate name / I | Dénomination sociale |
| 221 | 462-8 |
| Corporation number | r / Numéro de société |
| I HEREBY CERTIFY that the corporation named above was in existence under the Canada Business Corporations Act on 2015-07-16 (YYYY-MM-DD). | JE CERTIFIE, par la présente, que la société ci-dessus mentionnée existait en vertu de la Loi canadienne sur les sociétés par actions le 2015-07-16 (AAAA-MM-JJ). |
| Virgin | ia Ethian |
| Virgini | e Ethier |

Director / Directeur
2015-07-16

Issuance date (YYYY-MM-DD)
Date d'émission (AAAA-MM-JJ)