

FIL 000 002645

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

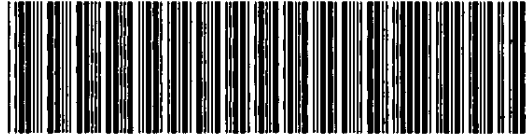
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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~~05/08/16~~ --01003--009 \*\*1070.00

05/07/16

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16 JUN -9 AM 8:32  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

RECEIVED  
2915 MAY -2 AM 10:38  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 5, 2016

DAVID CUMBERLAND  
1990 MAIN ST SUITE 801  
SARASOTA, FL 34236

SUBJECT: CEPHEUS ASSET MANAGEMENT INC.  
Ref. Number: W16000033015

We have received your document for CEPHEUS ASSET MANAGEMENT INC. and your check(s) totaling \$1070.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of 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) 245-6051.

Justin M Shivers  
Regulatory Specialist III  
Registration/Qualification Section

Letter Number: 816A00009407

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CEPHEUS ASSET MANAGEMENT INC.  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

DAVID A. CUMBERLAND

Name of Person

KERKERING, BARBERIO & CO.

Firm/Company

1990 MAIN STREET, SUITE 801

Address

SARASOTA, FL 34236

City/State and Zip code

DCUMBERLAND@KBGRP.COM

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

For further information concerning this matter, please call:

DAVID A. CUMBERLAND                      941                      365-4617  
Name of Person                      at (                      )                      Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee       \$78.75 Filing Fee & Certificate of Status       \$78.75 Filing Fee & Certified Copy       \$87.50 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. CEPHEUS ASSET MANAGEMENT INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. CANADA

(State or country under the law of which it is incorporated)

3. (FEI number, if applicable)

03/16/2015

4. (Date of incorporation)

5. (Date of duration, if other than perpetual)

01/04/2016

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

65 BUCKINGHAM AVENUE TORONTO, CANADA M4N 1R3

(Principal office address)

65 BUCKINGHAM AVENUE TORONTO, CANADA M4N 1R3

(Current mailing address, if different)

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

Name: DAVID A. CUMBERLAND

Office Address: 1990 MAIN STREET, SUITE 801

SARASOTA, Florida 34236  
(City) (Zip code)

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

9. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation 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)

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: \_\_\_\_\_  
\_\_\_\_\_

Director: CHARLES ERIC METIVIER

Address: 65 BUCKINGHAM AVENUE

TORONTO, CANADA M4N 1R3

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**B. OFFICERS**

President: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

1-8-16  
16 JUN -9 PM 8:32  
REGISTRY OF COMPANIES  
ALTERNATIVE DISPUTE RESOLUTION

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. \_\_\_\_\_

Signature of Director or Officer

*April 20, 2016.*

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. CHARLES ERIC METIVIER

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

Request ID: 018965147  
Demande n° :  
Transaction ID: 61133730  
Transaction n° :  
Category ID: CT  
Catégorie :

Province of Ontario  
Province de l'Ontario  
Ministry of Government Services  
Ministère des Services gouvernementaux

Date Report Produced: 2016/05/17  
Document produit le :  
Time Report Produced: 13:46:42  
Imprimé à :

## CERTIFICATE OF STATUS ATTESTATION DU STATUT JURIDIQUE

This is to certify that according to the records of the Ministry of Government Services

D'après les dossiers du Ministère des Services gouvernementaux, nous attestons que la société

**C E P H E U S   A S S E T   M A N A G E M E N T   I N C .**

Ontario Corporation Number

Numéro matricule de la société (Ontario)

**0 0 2 4 5 7 9 9 1**

is a corporation incorporated, amalgamated or continued under the laws of the Province of Ontario.

est une société constituée, prorogée ou née d'une fusion aux termes des lois de la Province de l'Ontario.

The corporation came into existence on

La société a été fondée le

**M A R C H   1 6   M A R S ,   2 0 1 5**

and has not been dissolved.

et n'est pas dissoute.

Dated

Fait le

**M A Y   1 7   M A I ,   2 0 1 6**



Director  
Directeur