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C T Corporation System

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301

City

State

Zip

Phone

300002641009--3

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CORPORATION(S) NAME

648549 Alberta Ltd., Inc.

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TALLAHASSEE FLORIDA

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NonProfit

Limited Liability Company

Foreign

Amendment

Dissolution/Withdrawal

Annual Report

Reservation

Limited Partnership

Reinstatement

Limited Liability Partnership

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DIVISION OF CORPORATION

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. 648549 ALBERTA LTD., Inc.
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION", or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Canada 3. N/A
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. March 27, 1995 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.156, F.S.))

7. 4919 59TH STREET, SUITE 274, RED DEER, ALBERTA, CANADA T4N 6C9
(Current mailing address)

8. ~~To act as a general partner of PSR-Boca Associates Limited Partnership.~~
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent:
Name: C T Corporation System
Office Address: c/o C T Corporation System, 1200 South Pine Island Road
Plantation, Florida, 33324
(Zip Code)

10. Registered agent 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 obligation of my position as registered agent.
C T Corporation System

Connie Bryan
(Registered agent's signature) (Officer)
CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY
(Type Name and Title of Officer)

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11. 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.

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: BARRY SCHWARTZ

Address: 729 UPPER LANDSDOWN
MONTREAL, QUEBEC H3Y 1J5

Director: JAMES D. RAYMOND

Address: 1002 SHERBROOKE STREET WEST, SUITE 2600
MONTREAL, QUEBEC H3A 3L6

B. OFFICERS

President: BARRY SCHWARTZ

Address: 729 UPPER LANDSDOWN
MONTREAL, QUEBEC H3Y 1J5

Vice President: _____

Address: _____

Secretary: _____


Address: _____

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Treasurer: JAMES D. RAYMOND

Address: 1002 SHERBROOKE STREET WEST, SUITE 2600
MONTREAL, QUEBEC H3A 3L6

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

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. James D. Raymond, Chairman, Treasurer and Director
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE FLORIDA



Corporate Access Number

206485492

CERTIFICATE OF STATUS

Form 32

I CERTIFY THAT ACCORDING TO THE OFFICIAL RECORDS OF THE CORPORATE REGISTRY

648549 ALBERTA LTD.
INCORPORATED IN ALBERTA ON 1995/03/27
IS AS OF THIS DATE A VALID AND SUBSISTING CORPORATION.

GIVEN UNDER MY SEAL OF OFFICE IN THE PROVINCE OF ALBERTA.

DATED: 1998/08/24

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