

P 15000071454

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

6383-



200272351162

05/01/15--01002--002 **78.75

FILED
15 AUG 24 AM 8:03
CLERK OF STATE
TALLAHASSEE, FLORIDA

gf 8/31/15

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Giverny Capital Management Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: François Rochon
Name (Printed or typed)
118, rue St-Pierre
Address
Montréal (Qc) H2Y 2L7
City, State & Zip
514-842-5589
Daytime Telephone number
frochon@givernycapital.com
E-mail address: (to be used for future annual report notification)

15 AUG 24 AM 8:03
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.



link address update.
only for principal
address.

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 4, 2015

RECEIVED AUG 24 2015

FRANCOIS ROCHON
118, RUE ST-PIERRE
MONTREAL (QC) H2Y 2L7,

SUBJECT: GIVERNY CAPITAL MANAGEMENT INC.
Ref. Number: W15000020421

We have received your document for GIVERNY CAPITAL MANAGEMENT INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Florida law does not allow a business entity to designate a registered agent outside the State of Florida.

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) 245-6052.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 815A00009119

WE HAVE CORRECTED THE FORM TO INCLUDE
A REGISTERED AGENT BASED IN
FLORIDA. (ATTACHED)

THANK YOU

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15 AUG 24 AM 8:03
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 24, 2015

FRANCOIS ROCHON
118, RUE ST-PIERRE
MONTREAL (QC) H2Y 2L7,

SUBJECT: GIVERNY CAPITAL MANAGEMENT INC.
Ref. Number: W15000020421

We have received your document for GIVERNY CAPITAL MANAGEMENT INC. and check(s) totaling \$78.75. However, your check(s) and document are being returned for the following:

Office policy prevents this office from processing the enclosed check(s). All checks processed by this office must be payable in U.S. dollars and drawn on a bank located in the United States.

The designation of the registered agent must be at a Florida street address.

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) 245-6052.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 415A00005854

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 AUG 24 AM 8:03

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME
The name of the corporation shall be: Giverny Capital Management Inc.

ARTICLE II PRINCIPAL OFFICE
Principal street address
118, rue St-Pierre
Montreal (QC) H2Y 2L7

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Holding companie

ARTICLE IV SHARES
The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Francois Rochon, President</u>	Name and Title:	<u>Jean-Philippe Bouchard, V-P</u>
Address	<u>118, rue St-Pierre</u>	Address:	<u>118, rue St-Pierre</u>
	<u>Montreal (Qc) H2Y 2L7</u>		<u>Montreal (Qc) H2Y 2L7</u>

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____

Name and Title: _____ Name and Title: _____
 Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Frank & Rice, P.A.
 Address: 325 W Park Ave
Tallahassee, FL 32301

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 TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

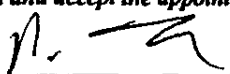
Name: Francois Rochon
 Address: 118, rue St-Pierre
Montreal (Qc) H2Y 2L7

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)
 (If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


 Required Signature/Registered Agent

8/18/2015
 Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.


 Required Signature/Incorporator

08/18/2015
 Date