

From:

09/09/2015 13:27

#002 P.001/003

Division of Corporations

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P15 000073865  
Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (800) 221-2972  
Fax Number : (888) 692-9256

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TALLAHASSEE, FLORIDA

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

FLORIDA PROFIT/NON PROFIT CORPORATION  
Toplift North America, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	01
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#002 P.002/003

**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**

The name of the corporation shall be: Toplift North America, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

42 Pinelands Avenue

Stoney Creek, Ontario L8E 5X9

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To conduct all activities set forth and permitted under and Florida corporation law

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**ARTICLE IV SHARES**

The number of shares of stock is: 200

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: David Shea, Director

Name and Title: \_\_\_\_\_

Address

42 Pinelands Avenue

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

Stoney Creek, Ontario L8E 5X9

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address

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

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address

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

From:

09/09/2015 13:27

#002 P.003/003

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: Robert Wayne  
 Address: 5355 NW 23rd Way  
Boca Raton, FL 33496

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: David Shea  
 Address: 42 Pinelands Avenue  
Stoney Creek, Ontario L8E 5X9

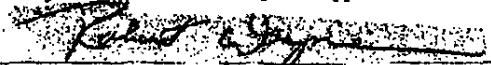
**ARTICLE VIII EFFECTIVE DATE:**

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*

 09/08/15  
 Required Signature/Registered Agent 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.*

 09/08/15  
 Required Signature/Incorporator Date