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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Canada Health Solutions 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," 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:

Tony Lee

(Name of Person)

Canada Health Solutions

(Firm/Company)

1115-4871 Shell Road

(Address)

Richmond, BC Canada V6X 3Z6

(City/State and Zip code)

For further information concerning this matter, please call:

Tony Lee

(Name of Person)

at (604) 809-0846

(Area Code & Daytime Telephone Number)



STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

New Filing 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. Canada Health Solutions Inc.

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

CHS Inc.

(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. n/a

(FEI number, if applicable)

4. 4/10/2003

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. n/a

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

7. 1115-4871 Shell Road, Richmond, BC, Canada V6X 3Z6

(Principal office address)

same as above

(Current mailing address)

8. Health Information Center

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name:

Pamela Myer

Office Address:

130 West Hermosa Street

Lady Lake

(City)

, Florida 32159

(Zip code)

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10. **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.

(X) Pamela Myer
(Registered agent's signature)

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 business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Tony Lee

Address: 1115-4871 Shell Road, Richmond, BC, Canada V6X 3Z6

Vice Chairman: Stella Lee

Address: 1115-4871 Shell Road, Richmond, BC, Canada V6X 3Z6

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Tony Lee

Address: 1115-4871 Shell Road, Richmond, BC, Canada V6X 3Z6

Vice President: Tarn Uppal

Address: 1115-4871 Shell Road, Richmond, BC, Canada V6X 3Z6

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. _____

(Signature of Director or Officer listed in number 12 of the application)

14. Tony Lee, President

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



Number: **BC0667664**

CERTIFICATE OF GOOD STANDING

BUSINESS CORPORATIONS ACT

I Hereby Certify that, according to the corporate register maintained by me, CANADA HEALTH SOLUTIONS INC. was incorporated as a company under the laws of the Province of British Columbia, is a valid and existing company and is, with respect to the filing of annual reports, in good standing.

***Issued under my hand at Victoria, British Columbia
On January 16, 2009***

RON TOWNSHEND
Registrar of Companies
Province of British Columbia
Canada

