

F09000004046

(Requestor's Name)

(Address)

(Address) _____

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

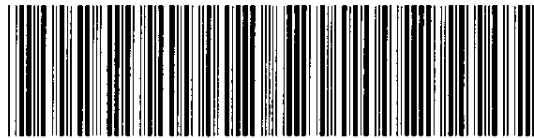
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200161437842

10/13/09--01025--016 **78.75

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09 OCT 13 PM 1:36
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
2009 OCT 13 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. ~~SECRET~~ 10/1/78 2004

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: Kim Weidenbach

DATE: 10/13/09

REF. #: 001811.112942

CORP. NAME: 9199-8443 QUEBEC, INC.

- | | | |
|---|---|--|
| ☐ ARTICLES OF INCORPORATION | ☐ ARTICLES OF AMENDMENT | ☐ ARTICLES OF DISSOLUTION |
| ☐ ANNUAL REPORT | ☐ TRADEMARK/SERVICE MARK | ☐ FICTITIOUS NAME |
| ☒ FOREIGN QUALIFICATION | ☐ LIMITED PARTNERSHIP | ☐ LIMITED LIABILITY |
| ☐ REINSTATEMENT | ☐ MERGER | ☐ WITHDRAWAL |
| ☐ CERTIFICATE OF CANCELLATION | | |
| ☐ OTHER: | | |

STATE FEES PREPAID WITH CHECK# 532129 FOR \$ 78.75

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|---|
| ☒ CERTIFIED COPY | ☐ CERTIFICATE OF GOOD STANDING | ☐ PLAIN STAMPED COPY |
| ☐ CERTIFICATE OF STATUS | | |

Examiner's Initials

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TALLAHASSEE, FLORIDA

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**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. 9199-8443 QUEBEC 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)

4. JULY 23, 2008

(Date of incorporation)

5. PERPETUAL

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

6. UPON THE FILING OF THIS APPLICATION

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

7. 4205 RUE DU MYOSOTIS, SAINT-BRUNO DE MONTARVILLE, QUEBEC J3V6K2 CANADA

(Principal office address)

SAME AS ABOVE

(Current mailing address)

8. Purchase/Sale of Property; and any and all lawful business as per Florida law.

(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: ALAN B. COHN, ESQ.

Office Address: 100 W. CYPRESS CREEK ROAD, 700

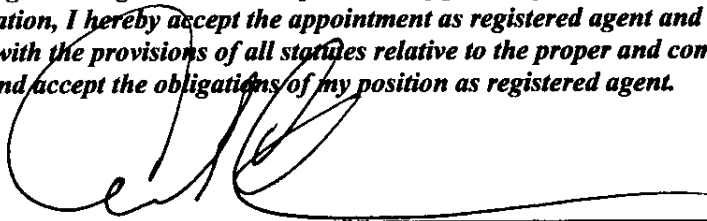
FORT LAUDERDALE, Florida 33309

(City)

(Zip code)

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.



(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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: SYLVIE VALLEE

Address: 4205 RUE DU MYOSOTIS

SAINT-BRUNO DE MONTARVILLE, QUEBEC J3V6K2 CANADA

Director: SYLVAIN ROBERT

Address: 4205 RUE DU MYOSOTIS

SAINT-BRUNO DE MONTARVILLE, QUEBEC J3V6K2 CANADA

B. OFFICERS

President: SYLVIE VALLEE

Address: 4205 RUE DU MYOSOTIS

SAINT-BRUNO DE MONTARVILLE, QUEBEC J3V6K2 CANADA

Vice President: _____

Address: _____

Secretary: SYLVAIN ROBERT

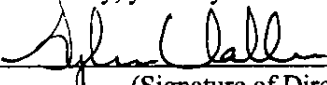
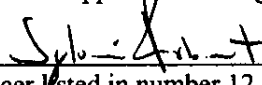
Address: 4205 RUE DU MYOSOTIS, SAINT-BRUNO DE MONTARVILLE, QUEBEC J3V6K2 CANADA

Treasurer: _____

Address: _____

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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. Sylvie Vallee Sylvain Robert
(Typed or printed name and capacity of person signing application)

CERTIFICATE OF ATTESTATION

*An Act respecting the legal publicity of sole
proprietorships, partnerships and legal persons
(R.S.Q., c. P-45, s. 81)*

I attest that

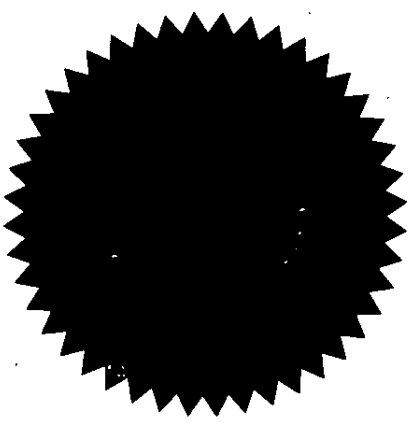
9199-8443 QUÉBEC INC.

- Is registered since July 30th 2008.
- Has not failed to file an annual declaration.
- Has not failed to comply with a request made under section 38.
- Is not in the process of dissolving.

September 25th 2009

1165324428

CERTIFIED ENGLISH TRANSLATION


M. Datt, nty
Melany Duquette, Notary

Commission is for life

E509IL8Q24942SB(TRANSLATION)

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TALLAHASSEE, FLORIDA

CERTIFICAT D'ATTESTATION

*Loi sur la publicité légale des entreprises individuelles,
des sociétés et des personnes morales*
(L.R.Q., chap. P-45, art. 81)

J'atteste que

9199-8443 QUÉBEC INC.

- Est immatriculée depuis le 30 juillet 2008.
- N'est pas en défaut de déposer une déclaration annuelle.
- N'est pas en défaut de se conformer à une demande qui lui a été faite en vertu de l'article 38.
- N'est pas en voie de dissolution.

Le 25 septembre 2009

1165324428

Registraire
des entreprises

Québec

E509IL8Q24942SA

Registraire des entreprises

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