<i>t</i>
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Decument Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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SECRETARY OF STATE

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## COVER LETTER

COVER LEITER
TO: New Filing Section Division of Corporations SUBJECT: 7994729 CANADA 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," or "Certificate of Good Standing" 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:  Mr. WISSAM G. FARAH
Name of Person
7994729 CANADA INC.
Firm/Company
14 CRAIGHALL CIRCLE
Address
OTTAWA, ONTARIO, CANADA, K1T 4B4
City/State and Zip code
•
wissam_farah@hotmail.com  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report nonneadon)
For further information concerning this matter, please call:
WISSAM FARAH at (613 ) 521 7652  Name of Person Area Code & Daytime Telephone Number
Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: MAILING ADDRESS:
New Filing Section New Filing Section
Division of Corporations  Division of Corporations
Clifton Building P.O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32314
Tallahassee, FL 32301
Enclosed is a check for the following amount:
\$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status Certified Copy  \$78.75 Filing Fee & Certificate of Status & Certified Copy

APPLICA		TION FOR AUTHORIZATION TO TR S IN FLORIDA	ANSÄET
REGISTER A FO	REIGN CORPORATION TO TRANSACT	STATUTES, THE FOLLOWING IS SUBMITT BUSINESS IN THE STATE OF FLORIDA.	ed to
<sub>I.</sub> 7994729	CANADA INC.		. 'S
	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATION,"	STATE LORIDA
(If name unavails	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in	Plorida)
<sub>2</sub> CANADA	۸ ,		
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)	<del></del>
4. 10th OCT	TOBER 2011 5.	PERPETUAL	
• '	of incorporation)	(Duration: Year corp. will cease to exist or "perp	octual")
6. NOT YET			
		n Florida, if prior to registration) 502, F.S., to determine penalty (lability)	•
a 14 CRAIG	•	, ONTARIO, CANADA, K1T	4B4
/,	(Principal office add		
14 CRAIG	HALL CIRCLE, OTTAWA,	ONTARIO, CANADA, K1T 4B4	1
•	(Current mailing add	ress)	
0.	STATE, BUY/SELL HOM		<del> </del>
	of corporation authorized in home state or co		
9. Name and street	t address of Florida registered agent: (P.0		
Name:	JAY HECKENDORN-TELEN	<u>DA</u>	
Office Address:	5979 VINELAND RD., SUITE	101	
	ORLANDO	. Florida 32819	
	(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.

12. Na	mes and business addresses of officers and/or directors:	SECO	3
	RECTORS		JAN
	ın;	\$2.5 \$2.5 \$3.5 \$3.5 \$3.5 \$3.5 \$3.5 \$3.5 \$3.5 \$3	2
Address:		7	PH
		08	<u>ان</u>
Vice Cha	sirman:	खान १>	Ö
Director:	Mr. WISSAM FARAH		
	14 CRAIGHALL CIRCLE		
	OTTAWA, ONTARIO, CANADA, K1T 4B4		<del></del>
Director:	Mrs. ROLA ELSAYEGH		
	14 CRAIGHALL CIRCLE		
	OTTAWA, ONTARIO, CANADA, K1T 4B4		
B. OFF	TCERS		
President:	Mr. WISSAM FARAH		
	14 CRAIGHALL CIRCLE	<del></del>	
	OTTAWA, ONTARIO, CANADA, K1T 4B4		
Vice Presi	Mrs. ROLA ELSAYEGH		
	14 CRAIGHALL CIRCLE		
	OTTAWA, ONTARIO, CANADA, K1T 4B4		
Seoretary:			
Address: _			<del></del>
Creasurer:		, 	· <del></del>
Address: _			
NOTE: 1	If necessary, you may attach an addendum to the application listing additional officers and/or dire	ctors.	
3		<del></del>	<del></del>
re true ar third deg	Signature of Director or Officer er or director signing this document (and who is listed in number 12 above) affirms that the facts so not that he or she is aware that false information submitted in a document to the Department of Stagree felony as provided for in s.817.155, F.S.  SSAM FARAH, PRESIDENT.  December 20  1 20	te consti	rein tutes

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

SECRETARY OF STACE TALLAHASSEE, FLORE

## **Certificate of Existence**

Certificat d'existence

Canada Business Corporations Act s. 263.1(1)(c) Loi canadienne sur les sociétés par actions art. 263.1(1)

7994729 CANADA INC.

Corporate name / Dénomination sociale

799472-9

Corporation number / Numéro de société

I HEREBY CERTIFY that the corporation named above was in existence under the *Canada Business Corporations Act* on 2012-11-21 (YYYY-MM-DD).

JE CERTIFIE, par la présente, que la société ci-dessus mentionnée existait en vertu de la *Loi canadienne sur les sociétés par actions* le 2012-11-21 (AAAA-MM-JJ).

Marcie Girouard

Director / Directeur

2012-11-21

Issuance date (YYYY-MM-DD) Date d'émission (AAAA-MM-JJ)

Canadä