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(Address)
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(Address)
(City/State/Zip/Phone #)
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(Business Entity Name)
(Business Emily Humo)
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SECULIAN 23 AM II: 55 ALLAHASSER CE STATE

## 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.

		ne adobted to: me barbone or namademing onem	ess in Florida)
Delawar	<del></del>	3	
		3 (FEI number, if applicable)	
January	8, 2013	5. Prepetual  (Duration: Year corp. will cease to exist of	
(Date	of incorporation)	(Duration: Year corp. will cease to exist of	or "perpetual")
<del></del>			
		s in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability)	
#421 170		on, Alberta, T5T 1L6 Cana	ada
	(Principal office a		
#421, 170	•	n, Alberta, T5T 1L6 Canada	1
	(Current mailing a		
Wear par	ts supply and welding over	lay for mining and power ge	neration.
(Purpose(	) of corporation authorized in home state or	country to be carried out in state of Florida)	
	of corporation authorized in home state or at address of Florida registered agent: (I	country to be carried out in state of Florida)	Ā
Name and stree	•	country to be carried out in state of Florida)  P.O. Box NOT acceptable)	TÁLLA
Name and stree	et address of Florida registered agent: (I ARD, SHIRLEY & RUDOLPH	P.O. Box NOT acceptable)  P.A.	TALLAHAS
Name and stree	ARD, SHIRLEY & RUDOLPH 207 West Park Ave., Su	P.O. Box NOT acceptable) , P.A.	FALLAHASSEE, F
Name and stree	ARD, SHIRLEY & RUDOLPH 207 West Park Ave., Su	P.O. Box NOT acceptable) , P.A.	MILAHASSEE FLOI
Name and <u>stree</u> Name:  ffice Address:	ARD, SHIRLEY & RUDOLPH  207 West Park Ave., Su  Tallahassee  (City)	P.O. Box NOT acceptable)  P.A.	TALLAHASSEE, FLORIDA
Name and streen Name: fice Address:  Registered a	ARD, SHIRLEY & RUDOLPH  207 West Park Ave., Su  Tallahassee  (City)	country to be carried out in state of Florida)  P.O. Box NOT acceptable)  , P.A.  ite B  , Florida 32301  (Zip code)	TALLAHASSEE FLORIDA
Name and streen Name:  ffice Address:  Registered acting been name	ARD, SHIRLEY & RUDOLPH  207 West Park Ave., Su  Tallahassee  (City)  gent's acceptance: ed as registered agent and to accept see	country to be carried out in state of Florida)  P.O. Box NOT acceptable)  , P.A.  ite B  , Florida 32301  (Zip code)	FALLAHASSEE FLORIDA oration at the
Name and streen Name:  Office Address:  O. Registered and any streen name of the streen n	ARD, SHIRLEY & RUDOLPH  207 West Park Ave., Su  Tallahassee  (City)  gent's acceptance: ed as registered agent and to accept set application, I hereby accept the appoin	country to be carried out in state of Florida)  P.O. Box NOT acceptable)  P.A.  ite B , Florida 32301  (Zip code)  rvice of process for the above stated corputation as registered agent and agree to a	oration at th
Name and streen Name:  Office Address:  O. Registered a faving been names ignated in this arther agree to c	ARD, SHIRLEY & RUDOLPH  207 West Park Ave., Su  Tallahassee  (City)  gent's acceptance: ed as registered agent and to accept set application, I hereby accept the appoin	country to be carried out in state of Florida)  P.O. Box NOT acceptable)  , P.A.  ite B , Florida 32301  (Zip code)  rvice of process for the above stated corputation as registered agent and agree to a serilative to the proper and complete perf	Oration at the ct in this capa
Name and streen Name:  Office Address:  O. Registered a faving been names ignated in this arther agree to c	ARD, SHIRLEY & RUDOLPH  207 West Park Ave., Su  Tallahassee  (City)  gent's acceptance: ed as registered agent and to accept sei application, I hereby accept the appoin	country to be carried out in state of Florida)  P.O. Box NOT acceptable)  , P.A.  ite B , Florida 32301  (Zip code)  rvice of process for the above stated corputation as registered agent and agree to a serilative to the proper and complete perf	Oration at the ct in this capa
Name and streen Name:  Office Address:  O. Registered a faving been names ignated in this arther agree to c	ARD, SHIRLEY & RUDOLPH  207 West Park Ave., Su  Tallahassee  (City)  gent's acceptance: ed as registered agent and to accept sei application, I hereby accept the appoin	country to be carried out in state of Florida)  P.O. Box NOT acceptable)  , P.A.  ite B , Florida 32301  (Zip code)  rvice of process for the above stated corputation as registered agent and agree to a serilative to the proper and complete perf	Oration at the ct in this capa

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: Craig Harder		_
Address: #421, 17008 - 90 Avenue, Edmonton, Alberta, T57	T 1L6 Canada	
		_
Vice Chairman: Murray Smith		
Address: Unit 3 - 18 Mollard Court, Barrie, Ontario L4N 8Y1	Canada	
		_
Director: Craig Harder		
Address: #421, 17008 - 90 Avenue, Edmonton, Alberta, T51	Γ1L6 Canada	_
Director: Murray Smith		
Address: Unit 3 - 18 Mollard Court, Barrie, Ontario L4N 8Y1	Canada ′	_
B. OFFICERS		
President: Paul Weber		_
Address: #421, 17008 - 90 Avenue, Edmonton, Alberta, T51	T1L6 Canada	
-		_
Vice President:		_
Address:	<b>2</b> 8	5
	AH. AH.	- J::T
Secretary:		- - - - - - - - - - - - - - - - - - -
Address:		- A
Treasurer:	STA	=
Address:	<u> </u>	25
NOTE: If necessary, you may attach an appreciation to the application listing additional	officers and/or directors	-
3	ornicers are not directors.	
Signature of Director or Officer	5	-
The officer or director signing this document (and who is listed in number 12 above) aff are true and that he or she is aware that false information submitted in a document to the	Trus that the facts suited between the Department of State constitutes	
third degree felony as provided for in s.817.155, F.S.  A Craig Harder		:
(Typed or printed name and especity of person signing applicati	ion)	-
	and a second comment to the second	

## Delaware

## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RAPTOR WEAR PRODUCTS (USA), INC."

IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF JANUARY, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RAPTOR WEAR PRODUCTS (USA), INC." WAS INCORPORATED ON THE EIGHTH DAY OF JANUARY, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF

DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE

EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

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AUTHENTICATION: 0140984

DATE: 01-14-13 130042915