

FE000001363

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(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations
Gestion Maxlaw Inc.

SUBJECT: _____
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:
Andrew Jimenez, Esq.

Name of Person
Jimenez Law Offices

Firm/Company
One Financial Plaza, 100 SE Third Avenue, Suite 1514

Address
Fort Lauderdale, Florida 33394

City/State and Zip code
andrew@jimenczlawoffices.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrew Jimenez 954 848-3111

Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

Registration 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

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2016 MAR 21 PM 3:00
CLERK OF STATE
TALLAHASSEE, FLORIDA

**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.*

Gestion Maxlau Inc.

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

Gestion Maxlau Co.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
Canada (Quebec)

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
March 7, 2012

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
4655 Reine Maloun, Levis, Quebec, G6W 0E4

7. _____
(Principal office address)

(Current mailing address, if different)

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

Andrew Jimenez, Esq.

Name: _____

One Financial Plaza, 100 SE Third Avenue,
Suite 1514

Office Address: _____

Fort Lauderdale

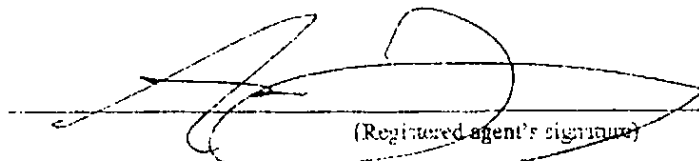
33394

(City)

, Florida (Zip code)

9. 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)

10. 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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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Tony Lavoie

Chairman: _____
262 Rue de la Mairie, Levis, Quebec G6C 1T1
Address: _____

Vice Chairman: _____
Address: _____

Stephane Cliche

Director: _____
3243 Gerard Dumon, Pintendre, Quebec G6C 1T1
Address: _____

Director: _____
Address: _____

B. OFFICERS

President: _____
Address: _____

Vice President: _____
Address: _____

Secretary: _____
Address: _____

Treasurer: _____
Address: _____

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

DocuSigned by:

12. Tony Lavoie

FAS4DC3851FC408

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. Tony Lavoie Director

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

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ALLAHSEE FLOREN

Certificat d'attestation

Loi sur la publicité légale des entreprises (RLRQ, chapitre P-44.1)

J'atteste que l'entreprise portant le nom

GESTION MAXLAU INC.

- est immatriculée depuis le 7 mars 2012 .
- n'est pas en défaut de déposer une déclaration de mise à jour annuelle.
- n'est pas en défaut de se conformer à une demande qui lui a été faite en vertu de l'article 73.
- n'est pas en voie de dissolution.
- n'est pas radiée.

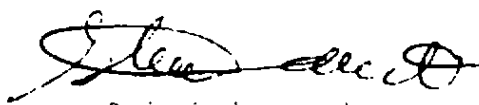
Numéro de certification : 863018822

Le numéro de certification ci-dessus vous permet de consulter en tout temps ce document certifié à l'aide du service en ligne Vérifier un numéro de certification du Registraire des entreprises.

2018 MAR 21 PM 3:00
CLERK OF STATE
TREASURY OF FLORIDA

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Fait le 19 mars 2018 pour le numéro d'entreprise
du Québec 1168071257.


Registraire des entreprises



Certificate of attestation

Law on the legal advertising of enterprises (RLRQ, Chapter P-44.1)

I attest that the enterprise named

GESTION MAXLAU INC.

- Is registered since 7 March 2012.
- Is not default of filing an updated annual report.
- Is not in default of conformity to the request made in virtue of article 73.
- Is not in the process of dissolution.
- Is not dissolved.

Certification number: 863018822

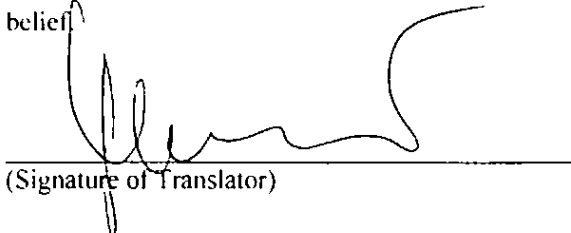
The above certificate number allows you to consult at any time this certified document through our online services Verify a certification number of the Enterprise Register.

Made on March 19, 2018 under
the Quebec enterprise number 1164490295

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2018 MAR 21 PM 3:00
CLERK OF THE COURT
TALLAHASSEE, FLORIDA

CERTIFICATE OF ACCURATE TRANSLATION

The undersigned, JOSIPA MARASOVIC certifies that s/he is fluent in the FRENCH and English languages, that s/he made the attached translation from the attached document in the FRENCH language and, hereby, that the same is a true and complete translation to the best of his/her knowledge, ability, and belief.

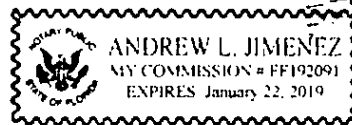

(Signature of Translator)

STATE OF FLORIDA

COUNTY OF BROWARD

Sworn to (or affirmed) and subscribed before me this 19th day of March ~~20~~ 2018, by JOSIPA MARASOVIC.

FILED
2018 MAR 21 PM 3:00
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA




Notary Public

Personally Known OR Produced Identification

Type of Identification Produced