

Florida Department of State

Division of Corporations
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Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850)205-0383

BK

From:

Account Name : FERNAND LAMOTHE, INC.

Account Number : 105057001570 Phone : (954)768-9548 Fax Number : (954)768-9775

OZ JUL 19 AM 7: 46
VISION OF CORPORATION

FOREIGN PROFIT QUALIFICATION

TURCOTTE INC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$70.00 |

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| ADDITION BY FOREIGN CORPORATION | ON FOR AUTHORIZATION TO TRANSACT | | |
|---|--|--|--|
| BUSINESS I | N FLORIDA | | |
| IN COMPLIANCE WITH SECTION 607.1503, FLORIDA ST. REGISTER A FOREIGN CORPORATION TO TRANSACT B | ATUTES, THE FOLLOWING IS SUBMITTED TO USINESS IN THE STATE OF FLORIDA. | | |
| TURCOTTE INC. | <u> </u> | | |
| (Name of corporation; must include the word "INCORPORATE words or abbreviations of like import in language as will clearly natural person or partnership if not so contained in the name at p | oresent.) | | |
| NEW YORK 3. | 14-1807905 | | |
| (State or country under the law of which it is incorporated) | (FEI number, if applicable) | | |
| . 08-03-1998 | PERPETUAL | | |
| (Date of incorporation) | (Duration: Year corp. will cease to exist or "perpetual") | | |
| HPON OHALTETCATTON | | | |
| (Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 7. 690 TRANS CANADA, LONGUEUIL, OC. CANADA J4G 1P1 (Principal office address) | | | |
| 126 SEMORAN COMMERCE PLACE, APOPKA, FL 32703 | | | |
| (Current mailing address) | | | |
| | | | |
| 8. DISTRIBUTION OF HEAT PUMPS | water to be carried out in state of Florida) | | |
| (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 or Mail Drop Box NOT acceptable) | | | |
| Name: FERNAND LAMOTHE | | | |
| 1401 DEWEY STREET | | | |
| Office Address: | | | |
| HOLLYWOOD | , Florida <u>33020</u> | | |
| (City) | (Zip code) | | |
| 10. Registered agent's acceptance: Having been named as registered agent and to accept serve designated in this application, I hereby accept the appoint further agree to comply with the provisions of all statutes a duties, and I am familiar with and accept the obligations of the control of | ice of process for the above stated corporation at the place ment as registered agent and agree to act in this capacity. I relative to the proper and complete performance of my of my position as registered agent. | | |

11. Attached is a certificate of existence disk 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.

Jul-10-02 02:40P Fernand Lamothe C.A.

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|---|--|---------------------------------------|
| 12. Names and business addresses of officers and/or directors | : S | |
| | P.C. J | 1 |
| A. DIRECTORS ROBBI TORCOTTE | | |
| Chairpan: | 700 | a in |
| Address: 690 TRANS CANADA, LONGUEUIL, QC | CANADA JAG IPI | |
| | 7.77 | <u> </u> |
| Vice Chairman: | | |
| | | * 8 |
| Address: | | T |
| | | - |
| Director: | | |
| Address: | | |
| | | |
| | | - |
| Director: | | |
| Address: | | |
| | | |
| - APPICEDE | | |
| B. OFFICERS | | |
| President: ROBBI TURCOTTE | 7.0 3.03 | - + · |
| Address: 690 TRANS CANADA, LONGUBUIL, QC | C, CANADA J4G IPI | |
| | | |
| Vice President: | | |
| | | |
| Address: | · · · · · · · · · · · · · · · · · · · | |
| | | · · · · · · · · · · · · · · · · · · |
| Secretary: | | |
| | | |
| Address: | | 1 100 A |
| Tresture: | | |
| Address: | | · · . <u>-</u> |
| | | - " |
| NOTE: Leacessary populary attach an addendum to the applica | tion listing additional officers and/or directors. | |
| Coll Line II | • | · · · · · · · · · · · · · · · · · · · |
| 13. (Signature of Chairman, Vice Chairman, or any o | officer listed in number 12 of the application) | |
| 14. ROBBI TURCOTTE, PRESIDENT | | minima. |
| (Typed or printed name and capacity of p | serson signing application) | |

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State of New York Department of State

ss:

I hereby certify, that the Certificate of Incorporation of TURCOTTE INC. was filed on 08/03/1998, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department such corporation is a subsisting corporation.

Witness my hand and the official seal of the Department of State at the City of Albany, this 28th day of June two thousand and two.

Special Deputy Secretary of State

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