

F04000004924

(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:

File 1st/3rd

Office Use Only



700040351537

FILED  
04 AUG 27 PM 1:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
04 AUG 27 AM 11:04  
STATE RELATIONS  
DIVISION  
TALLAHASSEE, FLORIDA

DEPARTMENT OF STATE  
ACCOUNT FILING COVER SHEET

FILED  
04 AUG 27 PM 1:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Account Number FCA000000017

Reference:  
(Sub Account)

Date:

8/27/04

Requestor Name: Carlton Fields

Address: Post Office Drawer 190  
Tallahassee, Florida 32302

Telephone: (850) 224-1585

Contact Name: Kim Pullen, CLA (ext. 5261)

Corporation Name:

Lauderhill G.P., Inc.

Entity Number:

Authorization:

Kim Pullen

☒ Certified Copy

☒ New Filings

☐ Fictitious Name

☒ Certificate of Status

☐ Annual Report

☐ Registration

☐ Plain Stamped Copy

☐ Amendments

( X ) Call When Ready

( X ) Call if Problem

( ) After 4:30

( X ) Walk In

( ) Will Wait

( X ) Pick Up

CF Internal Use Only

Client: 49112

Matter: 19657

Name: Diane Mackey

Office: TPA

File 1<sup>st</sup>

DEPARTMENT OF STATE  
ACCOUNT FILING COVER SHEET

FILED  
04 AUG 27 PM 1:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Account Number FCA000000017

Reference:  
(Sub Account)

Date:

8/27/04

Requestor Name: Carlton Fields

Address: Post Office Drawer 190  
Tallahassee, Florida 32302

Telephone: (850) 224-1585

Contact Name: Kim Pullen, CLA (ext. 5261)

Corporation Name:

Lauderhill G.P., Inc.

Entity Number:

Authorization:

Kim Pullen

☒ Certified Copy

☒ New Filings

☐ Fictitious Name

☒ Certificate of Status

☐ Plain Stamped Copy

☐ Annual Report

☐ Amendments

☐ Registration

( X ) Call When Ready

( X ) Call if Problem

( ) After 4:30

( X ) Walk In

( ) Will Wait

( X ) Pick Up

CF Internal Use Only

Client: 49112

Matter:

19657

Name: Diane Mackey

Office:

TPA

File 1<sup>st</sup>

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Lauderhill G.P., Inc.  
(Name of corporation – must include suffix)

**FILED**  
04 AUG 27 PM 1:51  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence" and cheque 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. Moshe Tamari

(Name of Person)

Lauderhill G.P., Inc.

(Firm/Company)

Suite 500, 370 King Street West

(Address)

Toronto, Ontario M5V 1J9

(City/State and Zip Code)

For further information concerning this matter, please call:

Mr. Moshe Tamari

at

(416) 599-1930

(Name of Person)

(Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a cheque 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

**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. Lauderhill G.P., 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. Ontario, Canada

(State or country under the law of which it is incorporated)

3. \_\_\_\_\_

(FEI number, if applicable)

4. July 21, 2004

(Date of incorporation)

5. Perpetual

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

6. \_\_\_\_\_

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

7. Suite 500, 370 King Street West, Toronto, Ontario M5V 1J9

(Principal office address)

Suite 500, 370 King Street West, Toronto, Ontario M5V 1J9

(Current mailing address)

8. Any business activities lawfully permitted.

(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: CFRA, LLC

Office Address: Corporate Center Three at International Plaza, 4221 W. Boy Boulevard

Tampa, Florida

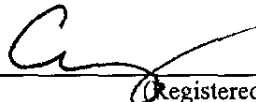
(City)

33607

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

**FILED**  
04 AUG 27 PM 1:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**A. DIRECTORS**

Chairman: Mr. Moshe Tamari

Address: Suite 500, 370 King Street West, Toronto, Ontario M5V 1J9

Vice Chairman:

Address:

Director: Ms Lisa Pappo

Address: Suite 305, 1448 Lawrence Avenue East, North York, Ontario M4A 2V6

Director:

Address:

**B. OFFICERS**

President: Ms Lisa Pappo

Address: Suite 305, 1448 Lawrence Avenue East, North York, Ontario M4A 2V6

Vice President: Mr. Samuel Weintraub

Address: 7760 West 20<sup>th</sup> Avenue, Suite 1, Hialeah, Florida 33106

Secretary: Mr. Moshe Tamari

Address: Suite 500, 370 King Street West, Toronto, Ontario M5V 1J9

Treasurer:

Address:

**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. Mr. Moshe Tamari, Chairman of the Board

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

\*Request ID: 006335264  
Demande n°:  
Transaction ID: 24383979  
Transaction n°:  
Category ID: CT  
Catégorie :

Province of Ontario  
Province de l'Ontario  
Ministry of Consumer and Business Services  
Ministère des Services aux consommateurs et aux entreprises  
Companies and Personal Property Security Branch  
Direction des compagnies et des sûretés mobilières

Date Report Produced: 2004/08/16  
Document produit le :  
Time Report Produced: 15:06:08  
Imprimé à :

## **CERTIFICATE OF STATUS ATTESTATION DU STATUT JURIDIQUE**

This is to certify that according to the  
records of the Companies and Personal  
Property Security Branch

D'après les dossiers de la Direction des  
compagnies et des sûretés mobilières, nous  
attestons que la société

**LAUDERHILL G.P. INC.**

Ontario Corporation Number

Numéro matricule de la société (Ontario)

**0 0 1 6 2 6 3 5 6**

is a corporation incorporated,  
amalgamated or continued under  
the laws of the Province of Ontario.

est une société constituée, prorogée ou née  
d'une fusion aux termes des lois de la  
Province de l'Ontario.

The corporation came into existence on

La société a été fondée le

**JULY 21 JUILLET, 2004**

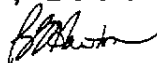
and has not been dissolved.

et n'est pas dissoute.

Dated

Fait le

**AUGUST 16 AOÛT, 2004**



Director  
Directrice

The issuance of this certificate in electronic form is authorized by the Director of Companies and Personal Property Security Branch.  
La délivrance du présent certificat sous forme électronique est autorisée par la Directrice de la Direction des compagnies et des sûretés mobilières.