

F05000000626

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

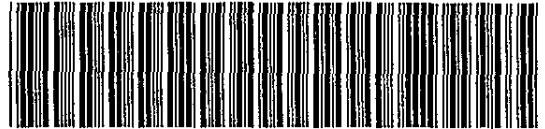
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

01/26/05--01025--001 **/8.75

J. BROWN FEB - 3 2005

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMANTE CORPORATION

(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," 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:

Edward deNigris

(Name of Person)

AMANTE CORPORATION

(Firm/Company)

2425 E. Commercial Blvd., Suite a308

(Address)

Fort Lauderdale, FL 33308

(City/State and Zip code)

For further information concerning this matter, please call:

Edward deNigris

(Name of Person)

at (954) 492-0120

(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 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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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.*

1. AMANTE CORPORATION

(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

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

3. _____

(FEI number, if applicable)

4. September 17, 1996

(Date of incorporation)

5. Perpetual

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

6. n/a

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

7. 2425 E. Commercial Blvd., Suite 308, Fort Lauderdale, FL 33308

(Principal office address)

2425 E. Commercial Blvd., Suite 308, Fort Lauderdale, FL 33308

(Current mailing address)

8. Software Development

(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: Edward deNigris

Office Address: 2425 E. Commercial Blvd., Suite 308

Fort Lauderdale

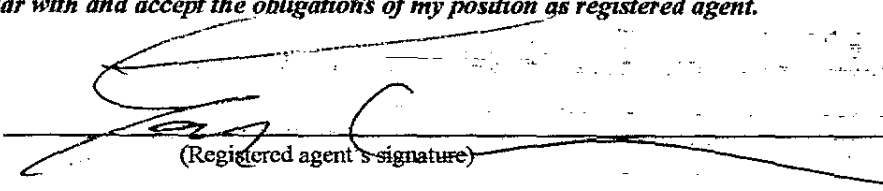
(City)

, Florida 33308

(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:

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A. DIRECTORS

Chairman: Edward deNigris

Address: 340 Sunset Drive

Fort Lauderdale, FL 33301

Vice Chairman: Michael Knauss

Address: 5686 N. 103rd Street

Omaha, NE 68134

Director: Fred Hasse

Address: 481 Naismith Blvd

Eugene, OR 97404

Director: Jonathon Oyinyo

Address: 1520 S. Birch Lake Blvd.

White Bear Lake, MN 55110

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TALLAHASSEE, FLORIDA

B. OFFICERS

President: Edward deNigris

Address: 340 Sunset Drive

Fort Lauderdale, FL 33301

Vice President: _____

Address: _____

Secretary: Michael Knauss

Address: 5686 N. 103rd Street, Omaha, NE 68134

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. Edward deNigris, President

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

ADDENDUM

DIRECTORS:

James Kerrigan
4415 Moratock Lane
Clemmons, NC 27012

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TALLAHASSEE, FLORIDA

Ontario Corporation Number
Numéro de la société en Ontario

1200151



 Ministry of
Consumer and
Ontario Business Services
CERTIFICATE
This is to certify that these articles
are effective on

Ministère des Services
aux consommateurs
et aux entreprises
CERTIFICAT
Ceci certifie que les présents statuts
entrent en vigueur le

SEPTEMBER 28 SEPTEMBRE, 2004


Director / Directrice
Business Corporations Act / Loi sur les sociétés par actions

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CLERK OF THE COURT
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
STATUTS DE MODIFICATION

**Form 3
Business
Corporations
Act**

Formule 3
Loi sur les
sociétés par
actions

1. The name of the corporation is: (Set out in BLOCK CAPITAL LETTERS)
Dénomination sociale actuelle de la société (écrire en LETTRES MAJUSCULES SEULEMENT) :

[illegible]

2. The name of the corporation is changed to (if applicable): (Set out in BLOCK CAPITAL LETTERS)
Nouvelle dénomination sociale de la société (s'il y a lieu) (écrire en LETTRES MAJUSCULES SEULEMENT):

[illegible]

3. Date of incorporation/amalgamation:
Date de la constitution ou de la fusion :

1996-09-17

(Year, Month, Day)
(année, mois, jour)

4. Complete only if there is a change in the number of directors or the minimum / maximum number of directors.
Il faut remplir cette partie seulement si le nombre d'administrateurs ou si le nombre minimal ou maximal d'administrateurs a changé.

Number of directors is/are: ~~or~~ minimum and maximum number of directors is/are:
 Nombre d'administrateurs : ~~ou~~ nombres minimum et maximum d'administrateurs :

Number	or	<u>minimum</u>	and	<u>maximum</u>
Nombre	ou	<u>minimum</u>	et	<u>maximum</u>

5. The articles of the corporation are amended as follows:
Les statuts de la société sont modifiés de la façon suivante :

The name of the corporation is changed to Amante Corporation. Article 9 paragraphs (1) and (2) shall be removed.

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TALLAHASSEE, FLORIDA

6. The amendment has been duly authorized as required by sections 168 and 170 (as applicable) of the *Business Corporations Act*.
La modification a été dûment autorisée conformément aux articles 168 et 170 (selon le cas) de la Loi sur les sociétés par actions.
7. The resolution authorizing the amendment was approved by the shareholders/directors (as applicable) of the corporation on
Les actionnaires ou les administrateurs (selon le cas) de la société ont approuvé la résolution autorisant la modification le

2004-Sep-15

(Year, Month, Day)
(année, mois, jour)

These articles are signed in duplicate.
Les présents statuts sont signés en double exemplaire.

1200151 ONTARIO INC.

(Name of Corporation) (If the name is to be changed by these articles set out current name)
(Dénomination sociale de la société) (Si l'on demande un changement de nom, indiquer ci-dessus la dénomination sociale actuelle).

By/
Par :



(Signature)
(Signature)

DIRECTOR

(Description of Office)
(Fonction)

SELF EXAMINED PRESS
1491 C. Hartman Road
North Vancouver B.C. V7J 1T2
Tel: 604-261-1111

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Please type or print all information in block capital letters using black ink. Prrière de dactylographier les renseignements ou de les écrire en caractères d'imprimerie à l'encre noire.	Ontario Corporation Number Numéro matricule de la personne morale en Ontario	Date of Incorporation or Amalgamation Date de constitution ou fusion Year/Année: Month/Mois: Day/Jour:
---	---	--

Full Name and Address for Service/Nom et domicile élu

Last Name/Nom de famille WINICK		First Name/Prénom MARVIN	Middle Names/Autres prénoms SEYMOUR
Street Number/Numéro civique 14	Suite/Bureau 		
Street Name/Nom de la rue PICO CRESCENT			
Street Name (cont'd)/Nom de la rue (suite) 			
City/Town/Ville THORNHILL		Country/Pays CANADA	Postal Code/Code postal L4J 8P4
Province, State/Province, État ONTARIO			

Resident Canadian/
Résident canadien ☒ YES/OUI ☐ NO/NON (Resident Canadian applies to directors of business corporations only.)
(Résident canadien ne s'applique qu'aux administrateurs de sociétés par actions)

Date Elected/ Date d'élection	Year/Année	Month/Mois	Day/Jour	Date Ceased/ Date de cessation	Year/Année	Month/Mois	Day/Jour	Director General de l'administration Comptroller / Contrôleur Authorized Signing Officer / Signataire autorisé
	1996	09	17		2004	09	30	

	PRESIDENT/PRESIDENT	SECRETARY/SECRÉTAIRE	TREASURER/TRÉSORIER	DIRECTEUR GÉNÉRAL	OTHER/AUTRE
	Year/Année Month/Mois Day/Jour	Year/Année Month/Mois Day/Jour	Year/Année Month/Mois Day/Jour	Year/Année Month/Mois Day/Jour	Year/Année Month/Mois Day/Jour
Date Appointed/ Date de nomination	1996 09 18	1996 09 18			
Date Ceased/ Date de cessation	2004 09 30	2004 09 30			

Full Name and Address for Service/Nom et domicile élu

Last Name/Nom de famille		First Name/Prénom	Middle Names/Autres prénoms
DENIGRIS		EDWARD	
Street Number/Numéro civique	Suite/Bureau		
340			
Street Name/Nom de la rue			
SUNSET DRIVE			
Street Name (cont'd)/Nom de la rue (suite)			
City/Town/Ville			
FORT LAUDERDALE			
Province, State/Province, État			
FLORIDA		Country/Pays	Postal Code/Code postal
		USA	33301

*OTHER TITLES (Please Specify) *AUTRES TITRES (Veuillez préciser)	
Chair / Président du conseil	☐
Chair Person / Président du conseil	☐
Chairman / Président du conseil	☐
Chairwoman / Présidente du conseil	☐
Vice-Chair / Vice-président du conseil	☐
Vice-President / Vice-président	☐
Assistant Secretary / Secrétaire adjoint	☐
Assistant Treasurer / Trésorier adjoint	☐
Chief Manager / Directeur exécutif	☐
Executive Director / Directeur administratif	☐
Managing Director / Administrateur délégué	☐
Chief Executive Officer / Directeur général	☒

Resident Canadian/ ☐ YES/OUI ☒ NO/NON (Resident Canadian applies to directors of business corporations only./
Résident canadien (Résident canadien ne s'applique qu'aux administrateurs de sociétés par actions)

Date Elected/ Date d'élection	Year/Année	Month/Mois	Day/Jour	Date Ceased/ Date de cessation	Year/Année	Month/Mois	Day/Jour	Directeur général de l'administration Contrôleur / Contrôleur Authorized Signing Officer / Signataire autorisé
	2004	09	29					

	PRESIDENT/PRESIDENT			SECRETARY/SECRÉTAIRE			TREASURER/TRÉSORIER			DIRECTEUR GÉNÉRAL			OTHER/AUTRE		
	Year/Année	Month/Mois	Day/Jour	Year/Année	Month/Mois	Day/Jour	Year/Année	Month/Mois	Day/Jour	Year/Année	Month/Mois	Day/Jour	Year/Année	Month/Mois	Day/Jour
Date Appointed/ Date de nomination	2004	09	29										2004	09	29
	Year/Année	Month/Mois	Day/Jour	Year/Année	Month/Mois	Day/Jour	Year/Année	Month/Mois	Day/Jour	Year/Année	Month/Mois	Day/Jour	Year/Année	Month/Mois	Day/Jour
Date Ceased/ Date de cessation															
	Year/Année	Month/Mois	Day/Jour	Year/Année	Month/Mois	Day/Jour	Year/Année	Month/Mois	Day/Jour	Year/Année	Month/Mois	Day/Jour	Year/Année	Month/Mois	Day/Jour



Ontario

Ministry of
Consumer and
Business Services

Ministère des Services
aux consommateurs
et aux entreprises

Companies and Personal
Property Security Branch
393 University Ave Suite 200
Toronto ON M5G 2M2

Direction des compagnies
et des sûretés mobilières
393 av., University, bureau 200
Toronto ON M5G 2M2

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Page/Page 1 of/de _____

**Form 1 - Ontario Corporation
Formule 1 - Personnes morales de l'Ontario**

**Initial Return/Notice of Change/
Rapport initial/Avis de modification
Corporations Information Act/Loi sur les
renseignements exigés des personnes morales**

Please type or print all information in block capital letters using black ink.

Prrière de dactylographier les renseignements ou de les écrire en caractères d'imprimerie à l'encre noire.

	Initial Return Rapport initial	Notice of Change Avis de modification
1. Business Corporation/ Société par actions	☐	☒
Not-For-Profit Corporation/ Personne morale sans but lucratif	☐	☐

2. Ontario Corporation Number Numéro matricule de la personne morale en Ontario 1200151	3. Date of Incorporation or Amalgamation/ Date de constitution ou fusion Year/Année Month/Mois Day/Jour 1996 09 17	For Ministry Use Only À l'usage du ministère seulement
4. Corporation Name Including Punctuation/Raison sociale de la personne morale, y compris la ponctuation AMANTE CORPORATION		
5. Address of Registered or Head Office/Adresse du siège social c/o / a/s MARVIN WINICK Street No./N° civique Street Name/Nom de la rue Suite/Bureau 14 PICO CRESCENT Street Name (cont'd)/Nom de la rue (suite) City/Town/Ville THORNHILL ONTARIO, CANADA Postal Code/Code postal L4J 8P4		
6. Mailing Address/Adresse postale Street No./N° civique Street Name/Nom de la rue Suite/Bureau Street Name (cont'd)/Nom de la rue (suite) City/Town/Ville Province, State/Province, État Country/Pays Postal Code/Code postal		
7. Language of Preference/Langue préférée English - Anglais ☒ French - Français ☐		
8. Information on Directors/Officers must be completed on Schedule A as requested. If additional space is required, photocopy Schedule A./Les renseignements sur les administrateurs ou les dirigeants doivent être fournis dans l'Annexe A, tel que demandé. Si vous avez besoin de plus d'espace, vous pouvez photocopier l'Annexe A. Number of Schedule A(s) submitted/Nombre d'Annexes A présentées 3 (At least one Schedule A must be submitted/Au moins une Annexe A doit être présentée)		

9. (Print or type name in full of the person authorizing filing / Dactylographier ou inscrire le prénom et le nom en caractères d'imprimerie de la personne qui autorise l'enregistrement)

I/Je

MARVIN WINICK

certify that the information set out herein, is true and correct.
atteste que les renseignements précités sont véridiques et exacts.

Check appropriate box
Cocher la case pertinente

D) ☐ Director/Administrateur

O) ☐ Officer /Dirigeant

P) ☒ Other individual having knowledge of the
affairs of the Corporation/Autre personne
ayant connaissance des activités de la
personne morale

NOTE/REMARQUE: Sections 13 and 14 of the Corporations Information Act provide penalties for making false or misleading statements or omissions. Les articles 13 et 14 de la Loi sur les renseignements exigés des personnes morales prévoient des peines en cas de déclaration fautive ou trompeuse, ou d'omission.

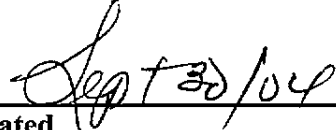
RESIGNATION OF AN OFFICER AND DIRECTOR

TO: AMANTE CORPORATION

DATED: SEPTEMBER 30, 2004

This letter shall serve as my resignation as the President, Secretary/Treasurer and Director effective immediately.


Marvin Winick


Dated

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RESOLUTION OF THE BOARD OF DIRECTORS
OF
AMANTE CORPORATION.

Pursuant to the provisions of the Ontario Business Corporations Act, the following resolution is passed as a resolution of the Directors of the Corporation consented to in writing by a majority of the Directors of the Corporation on the 29th day of September, 2004.

BE IT RESOLVED THAT:

Mr. Edward DeNigris be appointed as President and CEO of the Corporation to hold the offices until the next annual meeting of shareholders or until his successor is appointed

Mr. Michael Knauss be appointed as Secretary and Treasurer of the Corporation to hold the offices until the next annual meeting of shareholders or until his successor is appointed.

The foregoing resolution is hereby consented to by the signatures of all of the directors of the Corporation on September 29th 2004.


Marvin Winick

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