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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

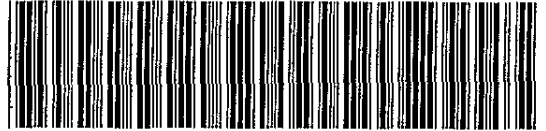
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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LES GESTIONS TAIGA INC.
(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:

SERGE CARBONNEAU
(Name of Person)

LES GESTIONS TAIGA INC.
(Firm/Company)

1120 BOULEVARD DE LA RIVE SUD, LOCAL 240
(Address)

SAINT-ROMUALD, PROVINCE OF QUÉBEC, CANADA, G6W 5M6
(City/State and Zip code)

For further information concerning this matter, please call:

SERGE CARBONNEAU at (418) 834-2222
(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 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

*if possible call 1-418-573-4900
to let us know the number one attribution*

**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. LES GESTIONS TAIGA 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. QUÉBEC PROVINCE, CANADA 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 1984 02 07 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 1120 BOULEVARD DE LA RIVE SUD, LOCAL 240, SAINT-ROMUALD, QUÉBEC, CANADA, G6W 5M6
(Principal office address)

IDEM
(Current mailing address)

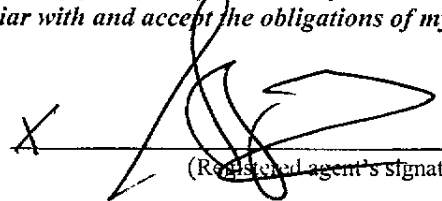
8. REAL ESTATE
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: SERGE CARBONNEAU
Office Address: 2251 NW 48th TERRACE ,APT. 200
LAUDERHILL, Florida 33313
(City) (Zip code)

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TALLAHASSEE, FLORIDA

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:

A. DIRECTORS

Chairman: CARBONNEAU, Serge

Address: 7001 rue des Grèbes, Charny, Qc. Canada G6X 2B7

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: CARBONNEAU, Serge

Address: 7001 rue des Grèbes, Charny, Qc. G6X 2B7

Vice President: _____

Address: _____

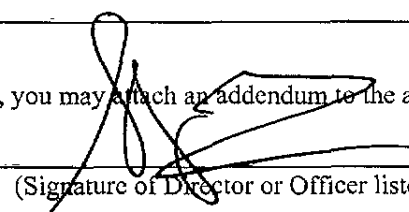
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. X  _____
(Signature of Director or Officer listed in number 12 of the application)

14. SERGE CARBONNEAU, CHAIRMAN AND PRÉSIDENT _____
(Typed or printed name and capacity of person signing application)

Québec 

CERTIFICAT D'ATTESTATION

*Loi sur la publicité légale des entreprises individuelles,
des sociétés et des personnes morales
(L.R.Q., chap. P-45, art. 81)*

J'atteste que

LES GESTIONS TAIGA INC.

- Est immatriculée depuis le 6 janvier 1995.
- N'est pas en défaut de déposer une déclaration annuelle.
- N'est pas en défaut de se conformer à une demande qui lui a été faite en vertu de l'article 38.
- N'est pas en voie de dissolution.

Le 1er février 2005

1141859703

Registraire
des entreprises

Québec 



Registraire des entreprises par intérim

CERTIFICATE OF ATTESTATION

*An Act respecting the legal publicity of sole
proprietorships, partnerships and legal persons
(R.S.Q., c. P-45, s. 81)*

I attest that

LES GESTIONS TAIGA INC.

- Is registered since January 6th 1995.
- Has not failed to file an annual declaration.
- Has not failed to comply with a request made under section 38.
- Is not in the process of dissolving.

February 1st 2005

1141859703