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Division of Corporations
Fax Number : (850)205-0381
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From:

Account Name	:	COMPLIANCE CONSULTING CORPORATION OF FLORIDA
Account Number	:	120010000135
Phone	:	(561) 586-3645
Fax Number	:	(561)586-6335

FOREIGN PROFIT/NONPROFIT CORPORATION

U.V.S. ,Inc

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COMPLIANCE CONSULT.

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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 & FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

L U.V.S.,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 n	ame adopted for the purpose of transacting business in Florida)
Delaware	3.
(State or country under the law of which it is incorporated)	(FEI number, if applicable)
2/4/2004	5. perpetual
(Date of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
upon qualification	
	ess in Florida, if prior to registration) 07.1502, F.S., to determine penalty liability)
8000 Decarie Blvd # 600 Montreal,0	Quebec H4P2S4
(Principal office	address)
2470 Major, Montreal, Quebec H4	M1E4
(Current mailing	(address)
Mortgage Brokering & Lending	r address)
(Purpose(s) of corporation authorized in home state of	or country to be carried out in state of Florida)
Name and street address of Florida registered agent:	(P.O. Box <u>NOT</u> acceptable)
Name: Compliance Consulting Corp o	(P.O. Box <u>NOT</u> acceptable)
fice Address: 1013 Lucerne Ave Suite	201
Lake Worth	, Florida 33460
(City)	(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 aptil 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. DIRE	CTORS		1106000647153		
				06	ivid S
Vice Chair	man:			HAR	CHILL
Address:				<u> </u>	
-				P	_ਬ੍ਰੋਕ੍ਰੇਟ
Director:		·		<u> </u>	
Address:				N N	UNS .
-					
Director:					
Address:					
Address:	Freder 5845 M	ric Abitbol Iarc Chagall #50 al, Quebec H4V			
AUG 685.					
Secretary:					
Address:		- <u></u>			
Treasurer					
Address:					
NOTE:	If necessar	y, yen may attach an adde	endum to the application listing additional officers and/or d	irectors.	
13	$\leq l$	Signature of Director	or Officer listed in number 12 of the application)		
14. <u>Fr</u>	ederic	Abitbol			
		(Typed or printed nam	me and capacity of person signing application)		

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "U.V.S. INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF FEBRUARY, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "U.V.S. INC." WAS INCORPORATED ON THE FOURTH DAY OF FEBRUARY, A.D. 2004.

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Harriet Smith Windsor, Secretary of State AUTHENTICATION: 4556459

DATE: 02-28-05