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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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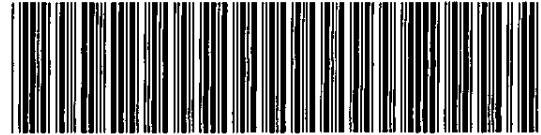
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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TO: New Filing Section
Division of Corporations

SUBJECT: EFICOM INTERNATIONAL 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:

JACQUES LEMACON

(Name of Person)

BRICAN AMERICA INC.

(Firm/Company)

5301 BLUE LAGOON DR. SUITE 520

(Address)

MIAMI FL 33126

(City/State and Zip code)

For further information concerning this matter, please call:

JENNY COSSIO

(Name of Person)

at (786) 388-6995

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing 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

**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. **EFICOM INTERNATIONAL INCORPORATED**

(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. **QUEBEC, CANADA**

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

3. **98-0209544**

(FEI number, if applicable)

4. **4/26/2000**

(Date of incorporation)

5. **PERPETUAL**

(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. **1248, BEAULAC, MONTREAL (QUEBEC) H4R 1R7**

(Principal office address)

5301 BLUE LAGOON DR. SUITE 520, MIAMI FL 33126

(Current mailing address)

8. **WHOLESALE OF COMPUTER AND VIDEO EQUIPMENT**

(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: **BRICAN AMERICA, INC.**

Office Address: **5301 BLUE LAGOON DR. #520**

MIAMI

(City)

33126

(Zip code)

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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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: JACQUES LEMACON

Address: 1248, BEAULAC, MONTREAL (QUEBEC) H4R 1R7

Director: _____

Address: _____

B. OFFICERS

President: JACQUES LEMACON

Address: 1248, BEAULAC, MONTREAL (QUEBEC) H4R 1R7

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. _____

(Signature of Director or officer listed in number 12 of the application)

14. JACQUES LEMACON, PRESIDENT

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

CERTIFICATE OF ATTESTATION

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

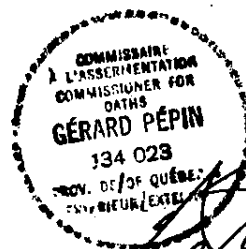
I attest that

EFICOM INTERNATIONAL INC.

- Is registered since April 26th 2000.
- 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.

April 17th 2008

1149296635



This is to certify that this
is a true and original
translation issued by
le Régistrateur des entreprises
de Québec

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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

EFICOM INTERNATIONAL INC.

- Est immatriculée depuis le 26 avril 2000.
- 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.

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Le 16 avril 2008

1149296635

Registraire
des entreprises

Québec

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Registraire des entreprises

