

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H080001810073)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

Account Name : DRIVER, MCAFEE, GRIGGS & PEEK, P.L.

Account Number: I20020000137

Phone

: (904)301-1269

Fax Number

: (904)301-1279

FOREIGN PROFIT/NONPROFIT CORPORATION

Morguard U.S. Inc.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$70.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

177

T. Burch JUL 7/28/2008

https://efile.guphiz.org/scripts/efilcovn.exe

но8000181007 3

COVER LETTER

| TO: New Filing Section Division of Corporations | | | |
|---|---|--|--|
| SUBJECT: Morguard U.S. Inc. | | | |
| (Name of corporation - must include suffix) | | | |
| Dear Sir or Madam: | | | |
| The enclosed "Application by Foreign Corporation" Certificate of Existence," and check are submitted transact business in Florida. | on for Authorization to Transact Business in Florida," ed to register the above referenced foreign corporation to | | |
| Please return all correspondence concerning this | matter to the following: | | |
| Matthew S. McAfee | | | |
| (Na | ame of Person) | | |
| Driver, McAfee, Griggs & Peek, F | P.L. | | |
| (Firm/Company) | | | |
| One Independent Drive, Suite 126 | 00 | | |
| | (Address) | | |
| Jacksonville, Florida 32202 | | | |
| (City/S | State and Zip code) | | |
| For further information concerning this matter, pl | ease call: | | |
| Matthew S. McAfee at 6 | 04 , 301-1269 | | |
| | 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 & Certificate of Status | \$78.75 Filing Fee & \$87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy | | |

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.

| Morguard | | | |
|--|--|--|----------------|
| Enter name of c Inc.," "Co.," "C | corporation; must include "INCORPORATI forp," "Inc," "Co," or "Corp.") | ed," "Company," "Corporation," | CRITARY |
| f name unavail | able in Florida, enter alternate corporate na | ome adopted for the purpose of transacting business i | n Florida) |
| Delaware | | 3. 98-0348873 | |
| | under the law of which it is incorporated) | (FEI number, if applicable) | |
| May 10, 2 | 001 | _{5.} perpetual | |
| (Date | of incorporation) | (Duration: Year corp. will cease to exist or "po | erpetual") |
| · · · · · · · · · · · · · · · · · · · | | ess in Florida, if prior to registration) 7,1502, F.S., to determine penalty liability) | |
| 55 City Ce | - | ssissauga, Ontario L5B 1M3 | |
| | (Principal office | | |
| 55 City Ce | entre Drive, Suite 1000, Mis | ssissauga, Ontario L5B 1M3 | |
| (Purpose(s | te acquisition o) of corporation authorized in home state of et address of Florida registered agent: (Contega Business Services | | |
| ice Address: | 554 Lomax Street | | |
| | Jacksonville | , Florida 32204 (Zip code) | • |
| | (City) | (Zip code) | |
| rving been nam signated in this rther agree to c | application, I hereby accept the appoi | ervice of process for the above stated corporation in the company of the proper and agree to act in the second sec | this capacity. |
| _ | (Registered agent) signatu | rre) | |
| | (100 Reported affective artistance | | |

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.

A. DIRECTORS

H08000181007 3

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

| Chairmar | 1: | 14 S 20 |
|------------|--|---|
| Address: | | |
| | | <u> </u> |
| Vice Cha | йплап: | |
| Address: | | |
| | | |
| Director: | K. (Rai) Sahi | |
| Address: | 471 Arrowhead Road | |
| | Mississauga, ON L5H 1V5 | |
| Director: | Beverly G. Flynn | |
| | 925 Bay Street, #1010 | |
| | Toronto, ON M5S 3L4 | |
| B. OFF | ICERS | , |
| President | K. (Rai) Sahi | |
| | 471 Arrowhead Road | |
| | Mississauga, ON L5H 1V5 | · |
| Vice Pres | Frank Munsters Paul Miatello | |
| | 55 City Centre Drive, Suite 1000 | |
| , igu 955. | Mississauga, Ontario L5B 1M3 | |
| Sacratary | Beverly G. Flynn | - · · · · · · · · · · · · · · · · · · · |
| Vqqtess. | 925 Bay Street, #1010, Toronto, ON M5S 3L4 | |
| Treasurer | | |
| Address: | | |
| Muuless. | | |
| NOTE: | If necessary, you that attach an addendam to the application listing additional officers and/or di | rectors. |
| 13 | theeft V | · · · · · · · · · · · · · · · · · · · |
| (| (Signature of Director or Officer listed in number 12 of the application) | |
| 14 | Beyerlay E. Flynn, Director (Typed or printed name and capacity of person signing application) | |

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MORGUARD U.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 SEVENTEENTH DAY OF JULY, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MORGUARD U.S.

INC." WAS INCORPORATED ON THE TENTH DAY OF MAY, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES
HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

3390540 8300

080792890

You may verify this certificate online at cosp. delaware.gov/authver.sktml

Harriet Smith Windson Secretary of State

Hamet Smith Windsor, Secretary of AUTHENTICATION: 6733610

DATE: 07-17-08