(Requestor's Name)				
(Address)	600158524			
(Address)	000136324			
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL	07/21/09010210			
(Business Entity Name)	and the second teachers			
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
	LAHASSEE,			

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303 **78.75



TO:	New Filing Section Division of Corporations	
SUBJ	ECT: Xclamation Marketing I	nc.
		poration - must include suffix
Dear S	Sir or Madam:	
"Certi		tion for Authorization to Transact Business in Florida," itted to register the above referenced foreign corporation to
Please	return all correspondence concerning thi	s matter to the following:
	Mark ⁻	Γ Serbinski CPA
	, , , , , , , , , , , , , , , , , , ,	Jame of Person
	Serbinsk	i & Associates Inc.
	Fi	rm/Company
	8770 Wes	st Bryn Mawr #1300
		Address
	Chic	ago, IL 60631
	City	/State and Zip code
		©serbinski.com e used for future annual report notification)
	E-man address. (to t	e used for future annual report notification)
For fu	rther information concerning this matter,	please call:
Mark	T Serbinski CPA at (773 ₎ 867-2914 x 232
	Name of Person	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
_	ed is a check for the following amount: 0.00 Filing Fee \$\times \text{S78.75 Filing Fee & Certificate of Stat}\$	

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.

,	lable in Florida, enter alternate corporate na	me adopted for the purpose of transacting business in F	lorida)
Delaware		3	
(State or country	under the law of which it is incorporated)	3(FEI number, if applicable)	
06/25/2009		5. Perpetual	
(Date	e of incorporation)	(Duration: Year corp. will cease to exist or "perpe	etual")
		ss in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability)	
1555, de L'A	venir blvd., Suite 306, Laval, Que	bec Canada H7S 2N5	
	(Principal office a		
		iddicaa)	
1555, de L'A	venir blvd., Suite 306, Laval, Que	•	
1555, de L'A	venir blvd., Suite 306, Laval, Que	ebec Canada H7S 2N5	
	(Current mailing a	ebec Canada H7S 2N5	,
Provision of	(Current mailing a consulting services	ebec Canada H7S 2N5 address)	
Provision of	(Current mailing a consulting services	ebec Canada H7S 2N5	
Provision of (Purpose)	(Current mailing a consulting services	ebec Canada H7S 2N5 address) r country to be carried out in state of Florida)	
Provision of (Purpose) Name and street	(Current mailing a consulting services s) of corporation authorized in home state or	ebec Canada H7S 2N5 address) r country to be carried out in state of Florida)	12 101 60
Provision of (Purpose) Name and stree Name:	(Current mailing a consulting services s) of corporation authorized in home state or et address of Florida registered agent: (I	ebec Canada H7S 2N5 address) r country to be carried out in state of Florida)	JUL 21
Provision of (Purpose) Name and street	(Current mailing a consulting services s) of corporation authorized in home state of et address of Florida registered agent: (I Serbinski & Associates Inc.	ebec Canada H7S 2N5 address) r country to be carried out in state of Florida)	

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.

(Registered agent's signature)

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

A. DIRECTORS

Chairman: Mario P. Clou	tier			· <u></u>		
Address: 1555, de L'Ave	enir blvd., Suite 306, L	aval, Quebec	Canada H7S 2N5			
Vice Chairman:		, ,				
Address:			<u>.</u>			
Director:	*		**************************************			
Address:	<u>.</u>			3.		
Director:	*****			200 Th 	UL 60	
Address:	***			ASSEE	2 <u>-</u> A	10 114 844
B. OFFICERS					4:11:4	T.F.GERRY
President: Mario P. Cloud				5.6	1=	
Address: 1555, de L'Ave	nir blvd., Suite 306, L	aval, Quebec (Canada H7S 2N5			
Vice President:						
Address:	-br ca	· · · ·				
Secretary: Mario P. Clou	tier		******		,-	
Address: 1555, de L'Ave	nir blvd., Suite 306, La	aval, Quebec (Canada H7S 2N5			
Treasurer: Mario P. Clou	tier					
Address: 1555, de L'Ave	nir blvd., Suite 306, L	aval, Quebec (Canada H7S 2N5			
NOTE: If necessary, you r	nay attach an addendum to	o the application l	isting additional office	ers and/or director	S.	
13.	ature of Director or Office	t on listed in manuals	- 12 - Cab1:i			
14. Mario P. Cloutier		ei iisteu in numbe	r 12 of the application	1)		
	ped or printed name and o	capacity of person	signing application)			

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "XCLAMATION MARKETING 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-SIXTH DAY OF JUNE, A.D. 2009.





Jeffrey W. Bullock, Secretary of State

AUTHENTICATION: 7387249

DATE: 06-26-09

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