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(Req	uestor's Name)	)
(Add	iress)	
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(City	/State/Zip/Phor	ne #)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Na	me)
(Doc	ument Number	) .
Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	
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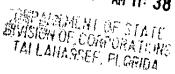
### **COVER LETTER**

TO: New Filing Section Division of Corporations	
SUBJECT: Canam Aviators, Inc.	
Name of	corporation - must include suffix
Dear Sir or Madam:	
	on for Authorization to Transact Business in Florida," d Standing" and check are submitted to register the above ess in Florida.
Please return all correspondence concerning th	nis matter to the following:
Daniel Simard	
	Name of Person
Canam Aviators, Inc.	
	Firm/Company
350 North Causeway	
	Address
New Smyrna Beach, FL 32169	
City	//State and Zip code
E-mail address: (to be u	used for future annual report notification)
For further information concerning this matter, p	elease call:
Daniel Simard	at 386-405-7226
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
Enclosed is a check for the following amount:	
\$70.00 Filing Fee \$78.75 Filing Fe Certificate of S	



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED 10 JAN 27 AM II: 38



January 6, 2010

DANIEL SIMARD 350 NORTH CAUSEWAY NEW SMYRNA BEACH, FL 32169

SUBJECT: CANAM AVIATORS, INC. (OK)

Ref. Number: W09000056034

We have received your document for CANAM AVIATORS, INC. (OK) and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole Regulatory Specialist II

Letter Number: 409A00039393

#### 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.	Canam Avia					
	(Enter name of	corporation; must include "INCORPORATED," '	'CO	MPANY," "CORPORATION,"		
	"Inc.," "Co.," "Co	orp," "Inc," "Co," or "Corp.")				
	Canam Avia	tors, Inc. (OK)				
			me	adopted for the purpose of transacting business i	n Florida	<u> </u>
	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			and provided the first participation of the firs		-,
2.	Oklahoma		2	26-4629773		
	(State or counti	ry under the law of which it is incorporated)	٥.	(FEI number, if applicable)		
	•	, ,		, , , , , , , , , , , , , , , , , , , ,		
4.	03/30/2009		5.	perpetual		
		(Date of incorporation)	•	(Duration: Year corp. will cease to exist or "per	petual")	_
6.	01/01/2010					
		(Date first transacted business in	n Fl	orida, if prior to registration)		_
		(SEE SECTIONS 607.1501 & 607.150	)2, I	F.S., to determine penalty liability)		
7.	350 North	Causeway, New Smyrna Beach, F	'L	32169		
		(Principal off	ice a	address)		
	350 North	Causeway, , New Smyrna Beach,	F	L 32169		
	•	(Current mail	ing	address)		
				₽°°	2	
^	aerial agr	icultural spraying		E.W.	310	
8.					_은	;
	(Purpose(s	s) of corporation authorized in home state or	COL	ntry to be carried out in state of Florida)	<b></b>	77
				14SS	N	Subgener of
9. I	Name and stree	<u>t address</u> of Florida registered agent: (P.0	D. E	lox NOT acceptable)	7	į.
					P	PET
	Name: 1	Daniel Simard		E OR		<b>L</b>
	<del>-</del>			<u>~</u>	PM12: 02	$_{I}\sim \gamma _{I}$
Of	fice Address: 📋	104 Azalea Circle		Prof	$\mathcal{S}$	
	-			<del>-</del>	. •	
	1	New Smyrna Beach, FL		, Florida 32168		
	-	(City)		(Zip code)		
1Λ	Pegistered as	ront's accontance				

#### 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.

. DIRECT	ORS
 ce Chairm:	an:
	an:
iui ess	
rector:	Daniel Simard
	104 Azalea Circle
	Now Smurra Boach El 22160
<u></u>	
Jul 655	
OFFICE	RS
esident: _	Daniel Simard
ldress:	104 Azalea Circle
	New Smyrna Beach, FL 32168
ce Preside	nt: same
ldress:	
cretary: _	same
ldress:	
easurer:	
OTE: If ne	cessary, you may attach an addendum to the application listing additional officers and/or directors.
3. <u>X</u>	
	(Signature of Director or Officer listed in number 12 of the application)
1	Daniel Simard, president (Typed or printed name and capacity of person signing application)

#### OFFICE OF THE SECRETARY OF STATE



## CERTIFICATE OF GOOD STANDING DOMESTIC FOR PROFIT BUSINESS CORPORATION

I, THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.

I FURTHER CERTIFY that <u>CANAM AVIATORS</u>, INC. whose registered agent is <u>THE CORPORATION COMPANY</u>, with its registered office at <u>735 FIRST NATIONAL BUILDING 120 N ROBINSON OKLAHOMA CITY 73102 USA</u>
Oklahoma is a <u>Domestic For Profit Business Corporation</u> duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this <u>21st</u>, day of <u>January</u>, <u>2010</u>.

Secretary Of State