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(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2/25

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** ASSURANCES JOCELYN GUIMOND 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," or "Certificate of Good Standing" 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:

REJEAN LAPIERRE

Name of Person

LAPIERRE, BRAULT & ASSOCIATES, INC

Firm/Company

7491 W OAKLAND PARK BLVD., SUITE 306

Address

LAUDERHILL, FLORIDA 33319

City/State and Zip code

REJEAN@LAPIERREBRAULT.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

REJEAN LAPIERRE

Name of Person

at ( 954 ) 749-8802

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. ASSURANCES JOCELYN GUIMOND, 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 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. 98-0648245

(FEI number, if applicable)

4. JANUARY 25TH 1995

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. JANUARY 1ST 2010

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 7491 W OAKLAND PARK BLVD., SUITE 306, LAUDERHILL, FL 33319

(Principal office address)

7491 W OAKLAND PARK BLVD., SUITE 306, LAUDERHILL, FL 33319

(Current mailing address)

8. RENTAL OF 2 CONDO UNITS

(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: REJEAN LAPIERRE

Office Address: 7491 W OAKLAND PARK BLVD., #306

LAUDERHILL, Florida 33351

(City)

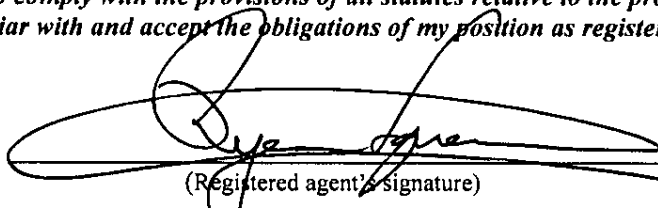
(Zip code)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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:

**A. DIRECTORS**

Chairman: JOCELYN GUIMOND

Address: 975 HELENE BOULLE, UNIT #1

SHERBROOKE, QUEBEC, CANADA J1N 4L2

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: JOCELYN GUIMOND

Address: 975 HELENE BOULLE, UNIT #1

SHERBROOKE, QUEBEC, CANADA J1N 4L2

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. JOCELYN GUIMOND

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



## **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

**ASSURANCES JOCELYN GUIMOND INC.**

- Est immatriculée depuis le 25 janvier 1995.
- 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.

**Le 2 février 2010**

**1142115444**

Registraire  
des entreprises

Québec



Registraire des entreprises

# ***CERTIFICATE OF ATTESTATION***

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

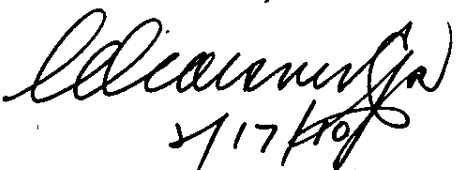
I attest that

ASSURANCES JOCELYN GUIMOND INC.

- Is registered since January 25th 1995.
- 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.

February 2nd 2010

1142115444



Handwritten signature of J. Guimond, dated 2/17/10.

# CERTIFICATE OF TRANSLATION

**I, ROBERT BOISVERT, AM COMPETENT TO TRANSLATE FROM FRENCH TO ENGLISH, AND CERTIFY THAT THE TRANSLATION OF THE ATTACHED**

**CERTIFICATE OF ATTESTATION.**

**SIGNED BY ME, IS TRUE AND ACCURATE TO THE BEST OF MY ABILITIES.**

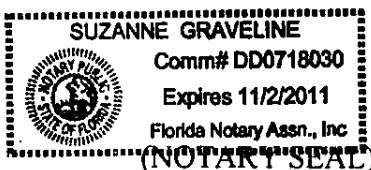
  
SIGNATURE OF TRANSLATOR


**ROBERT BOISVERT, TRANSLATOR**  
**1040 SW 46<sup>TH</sup> AVENUE, # 102**  
**P.O. BOX 666987**  
**POMPANO BEACH, FL 33066**  
**(954) 749-8802**

DATE 2/17/10

STATE OF FLORIDA  
COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this 17 day of February, 2010, by Suzanne Graveline



  
(Signature of Notary Public-State of Florida)  
(Suzanne Graveline Comm# DD0718030)

Personally Known   X   OR Produced Identification \_\_\_\_\_  
Type of Identification Produced