

F10000003892

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

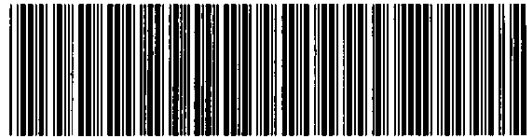
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1000 AUG 31 2010

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Sigpath Systems Corporation

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:

Scott or Irene Reid

Name of Person

Sigpath Systems Corporation

Firm/Company

594 Duff Crescent

Address

Ottawa, ON, K1J 7C5 , CANADA

City/State and Zip code

irene@sigpath.com

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

For further information concerning this matter, please call:

Irene Reid

at (613) 741-7128

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:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input checked="" type="checkbox"/> \$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. Sigpath Systems Corporation

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Canada

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

3. 98-0671681 (EIN)

(FEI number, if applicable)

4. May 1, 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. 594 Duff Crescent, Ottawa, ON, K1J 7C5, Canada

(Principal office address)

594 Duff Crescent, Ottawa, ON, K1J 7C5, Canada

(Current mailing address)

8. Tourism/Vacation accommodation

(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: Scott Reid

Office Address: 1300 Holiday Drive


Englewood, Florida 34223

(City)

(Zip code)

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.

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

A. DIRECTORS

Chairman: Scott Reid

Address: 594 Duff Crescent, Ottawa, ON, K1J 7C5, Canada

Vice Chairman: Irene Reid

Address: 594 Duff Crescent, Ottawa, ON, K1J 7C5, Canada

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

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. Scott Reid, Director

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

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Industry
Canada

Industrie
Canada

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Certificate of Existence

Canada Business Corporations Act
s. 263.1(1)(c)

Certificat d'existence

Loi canadienne sur les sociétés par actions
par. 263.1(1)(c)

SigPath Systems Corporation

Corporate name / Dénomination sociale

375374-3

Corporation number / Numéro de société

I HEREBY CERTIFY that the corporation
named above was in existence under the
Canada Business Corporations Act between
2000-05-01 and 2010-08-20 (YYYY-MM-
DD).

JE CERTIFIE, par la présente, que la société
ci-dessus mentionnée existait en vertu de la
Loi canadienne sur les sociétés par actions
entre le 2000-05-01 et le 2010-08-20 (AAAA-
MM-JJ).

Aïssa Aomari

Deputy Director / Directeur adjoint

2010-08-20

Issuance date (YYYY-MM-DD)
Date d'émission (AAAA-MM-JJ)