## F110000001189

(Requestor's Name)
(Nequesions Maine)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
·
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Capaigl Instructions to Filing Officer
Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE

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WH

## **COVER LETTER**

TO: New Filing Section Division of Corporations	
SUBJECT: Past Due Pro Incorporated  Name of corporation - must include suffix	
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:	
David B. Gray Name of Person	
Past Due Pro	
5030 Champion Blud Saile # 172  Address	
Address	
Boca Raton Florida 33496  City/State and Zip code  Support @ Past due Pro . Com  E-mail address: (to be used for future annual report notification)	<del></del>
City/State and Zip code	
Support & Past due Pro . Com	
E-mail address: (to be used for future annual report normation)	
For further information concerning this matter, please call:	
Authory Goldstein at (647) 680-6313  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 Fee & Certificate of Status \$78.75 Filing Fee & Certificate of Status Certificate Of Status	



March 2, 2011

DAVID B. GRAY 5030 CHAMPION BLVD SUITE #172 BOCA RATON, FL 33496

SUBJECT: PASTDUEPRO.COM INCORPORATED

Ref. Number: W11000004820

We have received your document for PASTDUEPRO.COM INCORPORATED and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

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 the corrected original and one copy of 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) 245-6962.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 111A00002180

Division of Compositions D.O. POV 6297 Tellahassas Elevida 2021

## 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. Past Due Pro Incorporated  (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")
0, 0, 0,
PAST DUE PRO. COM INCORPORATE (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. <u>Canada</u> (State or country under the law of which it is incorporated)  3. <u>98-0674696</u> (FEI number, if applicable)
4. August 20 2010  (Date of incorporation)  5. Perpetual  (Duration: Year corp. will cease to exist or "perpetual")
6. <u>P</u> E <u>=</u>
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
1818 Spruce HIN Rd, Pickerin, ONTARIO, Canada, LATU 184 TOTALIO, (Principal office address)  1818 Spruce HIN Rd, Pickerin, ONTARIO, Canada, LATU 184 ST. (Current mailing address)
8. To open a USD account with TD Bank in order to more easily my US vendors (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: Corporation Service Company
Office Address: 1201 Hays Street
Talkanasee , Florida 32301 (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.

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 11 MAR 15 PM 2:56 Chairman: SECRETARY OF STATE Address: Vice Chairman: Director: Huthony Goldsken

Address: 1818 Spruce Hill Rd, Pickering, ONTARIO, CANADA, LIVISA Director: Address: \_\_\_\_\_\_ B. OFFICERS President: Anthony Goldstain Address: 1818 Spryce Hill Rd, Pickering, Outario, CANADA, LIV 154 Vice President: Address: Secretary: Authory Goldstein Address: 1818 Spruce Hill Rd, Pickering, ONTario, Canada, LIVISA Treasurer: \_\_\_ Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

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





11 MAR 15 PM 2: 56

SECRETARY OF STATE TALLAHASSEE, FLORIDA

## **Certificate of Compliance**

s. 263.1

Canada Business Corporations Act

Certificat de conformité

Loi canadienne sur les sociétés par actions art. 263.1

Past Due Pro Incorporated

Corporate name / Dénomination sociale

762844-7

Corporation number / Numéro de société

I HEREBY CERTIFY that the corporation named above:

- exists under the Canada Business Corporations Act;
- · has filed the required annual returns; and
- has paid all prescribed fees required.

JE CERTIFIE, par la présente, que la société cidessus mentionnée :

- existe en vertu de la Loi canadienne sur les sociétés par actions;
- a déposé les rapports annuels exigés; et
- a acquitté les droits prescrits.

A. Laur

Aïssa Aomari

Deputy Director / Directeur adjoint

2011-03-09

Issuance date (YYYY-MM-DD)

Date d'émission (AAAA-MM-JJ)