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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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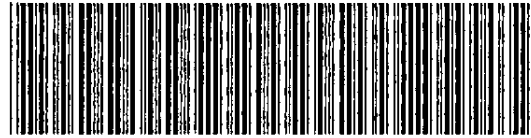
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Ps 5/6/11

## COVER LETTER

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

**SUBJECT:** Alameg Holdings 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:

Ann S. Johnson, Esquire

Name of Person

Ann S. Johnson, P.A.

Firm/Company

5824 Lakewood Ranch Boulevard

Address

Sarasota, Florida 34240

City/State and Zip code

ajohnson@asjlaw.com

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

For further information concerning this matter, please call:

Ann S. Johnson, Esq. at ( 941 ) 361-1106

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 &  
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. Alameg Holdings 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. Canada

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

3. \_\_\_\_\_

(FEI number, if applicable)

4. June 8, 2004( in Canada)

(Date of incorporation)

5. perpetual

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

6. n/a

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

7. 1849 Maple Grove R.R. #2 Stittsville Ontario K2S 1B9 Canada

(Principal office address)

(Current mailing address)

8. any lawful business

(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: Ann S. Johnson, Esquire

Office Address: 5824 Lakewood Ranch Boulevard

Sarasota

(City)

, Florida 34240

(Zip code)

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STATE OF FLORIDA  
TALLAHASSEE

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: WAYNE MACKINNON

Address: 1 SHERK ST.

KANATA, ONTARIO, CANADA. K2K 2L5

Vice Chairman: ALANNAH MACKINNON

Address: 1 SHERK ST.

KANATA, ONTARIO, CANADA K2K 2L5

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

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

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

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

**B. OFFICERS**

President: Wayne MacKinnon

Address: 1849 Maple Grove R.R.#2 Stittsville Ontario K2S 1B9

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

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.

14. Wayne MacKinnon, President

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

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STITTVILLE ONTARIO



Industry  
Canada

Industrie  
Canada

## Certificate of Existence

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

## Certificat d'existence

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

Alameg Holdings Inc.

Corporate name / Dénomination sociale

624538-2

Corporation number / Numéro de société

I HEREBY CERTIFY that the corporation  
named above was in existence under the  
*Canada Business Corporations Act* on 2011-  
04-27 (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*  
le 2011-04-27 (AAAA-MM-JJ).

Aïssa Aomari

Deputy Director / Directeur adjoint

2011-04-27

Issuance date (YYYY-MM-DD)

Date d'émission (AAAA-MM-JJ)

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SECRETARY OF STATE  
OTTAWA, ONTARIO