

Division of Corporations
F11000002290

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 JUN - 1 AM 11:42

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**FOREIGN PROFIT/NONPROFIT CORPORATION
ABIBOW US INC.**

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: ABIBOW US 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:

Ms. Elizabeth Macdougall
Name of Person

AbiBow US Inc.
Firm/Company

1155 Metcalfe Street, Suite 800
Address

Montreal (Quebec) CANADA H3B 5H1
City/State and Zip code

Elizabeth.Macdougall@abibow.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elizabeth Macdougall at (514) 394-2399
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. ABIBOW US 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. Delaware (State or country under the law of which it is incorporated) 3. 62-0721803 (FEI number, if applicable)

4. 08/28/1964 (Date of incorporation) 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")

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

7. 10 South Academy, Suite 300, Greenville, SC 29601 (Principal office address)

same (Current mailing address)

8. The manufacturing and or the sale of paper and wood products (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: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33334 (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.

C T Corporation System

By: [Signature] (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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS SEE ATTACHMENT

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS SEE ATTACHMENT

President: Richard Garneau

Address: 1155 Metcalfe Street, Suite 800

Montreal, QC H3B 5H2

Vice President: William G. Harvey

Address: 1155 Metcalfe Street, Suite 800

Montreal, QC H3B 5H2

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. Jacques P. Vachon, Vice President

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**Attachment to Florida
Officers & Directors**

- 1 Full Name: William G. Harvey
Officer/Director: Officer, Director
Officer's Title: Senior Vice-President and Treasurer
Director's Title: Director
Business Address: 1155 Metcalfe Street, Suite 800
City: Montreal
State: QC
ZIP Code: ~~00000~~ H3B 5H2
- 2 Full Name: Jacques P. Vachon
Officer/Director: Officer, Director
Officer's Title: Vice-President and Secretary
Director's Title: Director
Business Address: 1155 Metcalfe Street, Suite 800
City: Montreal
State: QC
ZIP Code: ~~00000~~ H3B 5H2
- 3 Full Name: John Lafave
Officer/Director: Officer, Director
Officer's Title: Vice-President
Director's Title: Director
Business Address: 1155 Metcalfe Street, Suite 800
City: Montreal
State: QC
ZIP Code: ~~00000~~ H3B 5H2
- 4 Full Name: Yves Laflamme
Officer/Director: Officer, Director
Officer's Title: Vice-President
Director's Title: Director
Business Address: 1155 Metcalfe Street, Suite 800
City: Montreal
State: QC
ZIP Code: ~~00000~~ H3B 5H2
- 5 Full Name: Richard Gagneau

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TALLAHASSEE, FLORIDA

Officer/Director:	Officer, Director
Officer's Title:	President
Director's Title:	Director
Business Address:	1155 Metcalfe Street, Suite 800
City:	Montreal
State:	QC
ZIP Code:	00000 H3B 5H2
6 Full Name:	Alain Boivin
Officer/Director:	Officer, Director
Officer's Title:	Vice President
Director's Title:	Director
Business Address:	1155 Metcalfe Street, Suite 800
City:	Montreal
State:	QC
ZIP Code:	00000 H3B 5H2

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Delaware

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ABIBOW US INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTY-FIRST DAY OF MAY, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

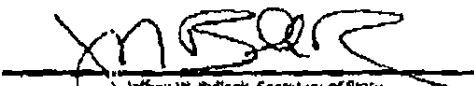
AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.



0614821 8300

110658882

You may verify this certificate online
at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 8798766

DATE: 05-31-11