# F 120000 00001

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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12/30/11--01028--013 \*\*87.50



J. Shivers JAN 0 3 2017





ACCOUNT NO. : I2000000195

REFERENCE : 045755 6699A

AUTHORIZATION :

COST LIMIT : \$ PPD \$87.50 W/CK#39690

ORDER DATE: December 30, 2011

ORDER TIME : 11:10 AM

ORDER NO. : 045755-005

CUSTOMER NO: 6699A

#### FOREIGN FILINGS

NAME: INTAK, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

\_\_\_ PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap -- EXT# 2951

EXAMINER:

## **COVER LETTER**

	ew Filing Secti ivision of Corp							
SUBJEC	ır. INTAK,	INC.						
SUDJEC	·1	Name of co	orporation	on - must include suffi	x			
Dear Sir o	or Madam:							
"Certificat	te of Existence	on by Foreign Corpo " or "Certificate of Corporation to trans	Good St	or Authorization to Tra anding" and check are ness in Florida.	nsact Business is submitted to reg	n Florida sister the	,,	
Please reti	urn all correspo	ndence concerning t	his matt	er to the following:				
Mathieu l	Laplante							
			Name o	of Person				
Intak, Inc	S							
			Firm/Co	ompany				
425 Eagle	eton Cove Wa	у						
			Add	iress				
Palm Bea	ich Gardens, F	Florida 33418						
		С	ity/State	and Zip code				
mlaplante	e@securiglobe					mar, 4		
	<u>-</u>	E-mail address: (to	be use	d for future annual rep	ort notification)	ALL	2011	
For furthe	er information c	oncerning this matte	r, please	e call:		AHAS	2011 DEC 30	ere ere
Mathieu l	Laplante	_ at	514	865-1400		SET		: : : : : : : : : : : : : : : : : : :
N	lame of Person			a Code & Daytime Te	ephone Number		AH 7: 56	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
N D C 26	TREET/COUI few Filing Sectivision of Corp lifton Building 661 Executive ( allahassee, FL	orations Center Circle		New Filin Division o P.O. Box	of Corporations	الم	<b>0</b> 1	
Enclosed	is a check for the	ne following amount	:					
\$70.0	00 Filing Fee	\$78.75 Filing Fe Certificate of S		\$78.75 Filing Fee Certified Copy	Certif	0 Filing I icate of S	Status &	&

## 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.

			<u> </u>
orporation; must include "INCORPORAT orp," "Inc," "Co," or "Corp.")	ED,	" "COMPANY," "CORPORATION,"	
able in Florida, enter alternate corporate na	me	adopted for the purpose of transacting busi	iness in Florida)
	3.	Applied for and pending	
under the law of which it is incorporated)	•	(FEI number, if applicable	e)
011	5.	Perpetual	
of incorporation)		(Duration: Year corp. will cease to exist	or "perpetual")
Cove Way, Palm Beach Gardens, F.	L 3	3418	
(Principal office	add	ress)	
Cove Way, Palm Beach Gardens, F	L 3	3418	
(Current mailing	add	ress)	
f insurance and financial services			201 TAL
) of corporation authorized in home state of	r co	ountry to be carried out in state of Florida)	
et address of Florida registered agent: (	P.C	). Box NOT acceptable)	2011 DEC 30
Corporation Service Company			L. CB.
1201 Hays Street			# 7:
Tallahassee		Florida 32301	55
(City)		(Zip code)	
	orporation; must include "INCORPORATION," "Inc," "Co," or "Corp.")  able in Florida, enter alternate corporate natural under the law of which it is incorporated)  Oli 1  Of incorporation)  (Date first transacted busine (SEE SECTIONS 607.1501 & 60)  Cove Way, Palm Beach Gardens, Florincipal office  Cove Way, Palm Beach Gardens, Florincipal office  Cove Way, Palm Beach Gardens, Florincipal offices  (Current mailing)  f insurance and financial services  of corporation authorized in home state of the address of Florida registered agent: (  Corporation Service Company  1201 Hays Street  Tallahassee	orporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")  able in Florida, enter alternate corporate name	orporation; must include "INCORPORATED," "COMPANY," "CORPORATION," orp," "Inc," "Co," or "Corp.")  able in Florida, enter alternate corporate name adopted for the purpose of transacting bus and pending (FEI number, if applicable (FEI number, if applicable (D11) of incorporation)  (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  Cove Way, Palm Beach Gardens, FL 33418 (Principal office address)  Cove Way, Palm Beach Gardens, FL 33418 (Current mailing address)  f insurance and financial services ) of corporation authorized in home state or country to be carried out in state of Florida) at address of Florida registered agent: (P.O. Box NOT acceptable)  Corporation Service Company  1201 Hays Street  Tallahassee , Florida 32301

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.

By: Carina L. Dunlap
Asst. Vice President

<sup>11.</sup> 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: Mathieu Laplante Address: 425 Eagleton Cove Way Palm Beach Gardens, FL 33418 Vice Chairman: N/A Address: N/A N/A Director: Mathieu Laplante Address: 425 Eagleton Cove Way Palm Beach Gardens, FL 33418 Director: N/A Address: N/A N/A **B. OFFICERS** President: Mathieu Laplante Address: 425 Eagleton Cove Way Palm Beach Gardens, FL 33418 Vice President: N/A Address: N/A Secretary: N/A Address: N/A Treasurer: N/A Address: N/A 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

14. Mathieu Laplante, Director

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

third degree felony as provided for in s.817.155, F.S.

are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a

## Delaware

PAGE 1

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "INTAK, 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 THIRTIETH DAY OF DECEMBER, A.D.
2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INTAK, INC."

WAS INCORPORATED ON THE THIRTY-FIRST DAY OF AUGUST, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

2011 DEC 30 AM 7: 56

5032150 8300

111355456

Jeffrey W Bullock, Secretary of State AUTHENTICATION: 9264756

DATE: 12-30-11

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