

F12000001046

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

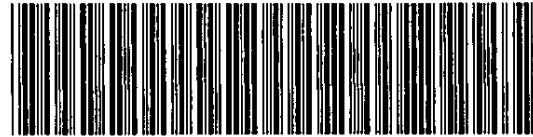
(Business Entity Name)

(Document Number)

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

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## COVER LETTER

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

**SUBJECT:** Anita W Asgar M.D. 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:

Michael Brennan  
Name of Person  
Leslie Robert Evans & Associates  
Firm/Company  
214 Brazilian Ave, Suite 200  
Address  
Palm Beach, FL 33480  
City/State and Zip code  
~~anita.asgar@gmail.com~~ anita.asgar@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Brennan at ( 561 ) 721-6512  
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

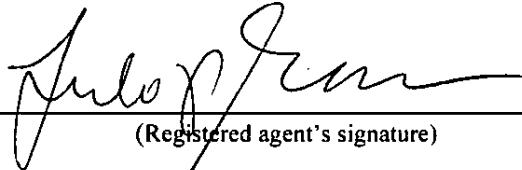
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

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. Anita W Asgar M.O. 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. Quebec, Canada 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. February 29, 2012 5. perpetual  
(Date of incorporation) (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. 317-7130 Saint-Urbain Street, Montreal (Quebec) Canada  
(Principal office address) H2S 3H5
- (Current mailing address)
8. Real estate  
(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: Leslie Robert Evans
- Office Address: 214 Brazilian Ave. Suite 200  
Palm Beach, Florida 33480  
(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: \_\_\_\_\_

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

Vice Chairman: \_\_\_\_\_

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

Director: Anita W. Asgar

Address: 317-7130 Saint-Urbain Street

Montreal (Quebec) Canada H2S 3H5

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

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

**B. OFFICERS**

President: Anita W. Asgar

Address: 317-7130 Saint-Urbain Street

Montreal (Quebec) Canada H2S 3H5

Vice President: \_\_\_\_\_

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

Secretary: \_\_\_\_\_

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

Treasurer: \_\_\_\_\_

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

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**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Anita W. Asgar

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. Anita W. Asgar

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

# Québec

## *Certificate of Attestation*

An Act respecting the Legal Publicity of Enterprises

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Considering that

ANITA W ASGAR M.D. INC.

- is not in default of filing an annual update declaration.
- is not in default of conforming to a request that was made of her by virtue of Article 73.
- is not in the process of dissolution.
- is not removed from the list.

The above certification number can be used at any time to refer to this certified document using the online service "vérifier un numéro de certification" (checking a certification number) of the Enterprise Register.

Registered on February 29, 2012  
under Quebec Enterprise Number 1167010306

[Round Seal] Enterprise Register  
Québec

[Signed illegible]  
Enterprise Registrar

Revenue Quebec

I certify that this is a correct English translation of Anita Asgar's Attestation Certificate.  
2012-03-01



ASSERMENTATION SOLENNELLE  
SOLEMN AFFIRMATION  
Signée à Montréal  
Signed at Montreal  
DATE: 12 MAR 2012

LINDA VERREAULT  
Commissaire à  
l'assermentation  
Commissioner of Oaths

Enterprise Register  
QUEBEC

February 29, 2012

Anita Asgar  
317-7130 Saint-Urbain Street  
Montreal (Quebec)  
H2S 3H5

Quebec Enterprise Number (QEN): 1167010306

SUBJECT: SENDING DOCUMENTS

In response to your request concerning ANITA ASGAR M.D. INC., we are sending you the enclosed documents.

If you wish to obtain more information concerning this subject, we invite you to visit our Internet site at [www.registreentreprises.gouv.qc.ca](http://www.registreentreprises.gouv.qc.ca) or call our Customer Service Department at (418) 644-4545 for the Québec area, (514) 644-4545 for the Montreal area, or, toll free, 1-877-644-4545 for all other areas.

Sincerely,

[Signed] Isabelle Lévesque  
Department of Legal Persons

Encl.: Documents  
Encl.: Certificate of Attestation

REQ4086(2010-10)

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I certify that this is a correct English translation of Anita Asgar's letter.  
2012-03-01



AFFIRMATION SOLENNELLE  
SOLEMN AFFIRMATION  
Signée à Montréal  
Signed at Montreal  
DATE: March 5, 2012

LINDA VERREAULT  
Commissaire à l'assermentation  
Commissioner of Oaths  
#162 611