F12000003392

(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	: #)
TPICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
	,	
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DEPARTMENT OF STATE

12 AUG 15 AM 8: 25

SECRETARY OF STATE BIVISION OF CORPORATIONS

Oc d/6/12





FLORIDA DEPARTMENT OF STATE Division of Corporations

August 14, 2012

CSC

SUBJECT: MAINSTREET JACKSONVILLE ENTERPRISES INC.

Ref. Number: W12000042165

We have received your document for MAINSTREET JACKSONVILLE ENTERPRISES INC. and the authorization to debit your account in the amount of \$70.00. However, the document has not been filed and is being returned for the following:

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

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 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) 245-6052.

Pamela Smith Regulatory Specialist II

Letter Number: 912A00020881



DN SERVICE COMPANY.
ACCOUNT NO. : I2000000195
REFERENCE : 310544 10910A
AUTHORIZATION Spullelena.
COST LIMIT : \$ 70.00
ORDER DATE : August 13, 2012
ORDER TIME : 10:25 AM
ORDER NO. : 310544-005
CUSTOMER NO: 10910A
FOREIGN FILINGS NAME: MAINSTREET JACKSONVILLE
ENTERPRISES INC.
XXXX QUALIFICATION (TYPE: CO)
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Doreen Wallace EXT# 2928

EXAMINER:

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	orporation; must include "INCORPORATED," "COMPANY," "CORPORATION," orp," "Inc," "Co," or "Corp.")		
(If name unavail	able in Florida, enter alternate corporate name adopted for the purpose of transacting busi	iness in Florida)	
2. <u>CANAD</u> :	A3	 	
(State or country	under the law of which it is incorporated) (FEI number, if applicable	:)	
4	5. Verperval of incorporation) 5. (Duration: Year corp. will cease to exist	or "nernetual")	
(Date	(Bulation: 1 car corp. with coase to exist	o. perpetuu. ,	
6	(Date first transacted business in Florida, if prior to registration)		
1111111/0	(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	Pa. 1000	
7. <u>4444 S</u>	te. Catherine Street West, Suite 100, Westmount, Quebec (Principal office address)	CANAVA UZZ MAZ	
		H3ZIKZ	
	Same as above (Current mailing address)		•
8.	business	12 AU	SECF SECF
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	<u>G</u>	が改り
9. Name and stree	et address of Florida registered agent: (P.O. Box NOT acceptable)	ربا عم	CORP
Name:	William S. Weisman	A 8	POR.
Office Address:	2385 Executive Cte. De. #270	8: 25	ATE ATE
•	Roca Ration, Florida 3343/ (City) (Zip code)		ഗ
	(City) (Zip code)		
			_
Having been nan designated in this further agree to c	gent's acceptance: sed as registered agent and to accept service of process for the above stated corp application, I hereby accept the appointment as registered agent and agree to a omply with the provisions of all statutes relative to the proper and complete perj with and accept the obligations of my position as registered agent.	ict in this capac	ity. I

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: Muray Daffen		
Address: 4444 Ste. Cotherine Ste W Scute 100		
Westmount, Quebec, CANADA H3Z1R2	· · · · · · · · · · · · · · · · · · ·	
Vice Chairman:		
Address:		
Address.		
Director:		
Address:	-	
		-
Director:		
Address:		
B. OFFICERS		
President: Muray Daffen		<u>.</u>
Address: 4444 Ste. Cotherine Ste W. State 100		
Westmant Quebec CANAda +13Z IR2		
Vice President:	_ 	<u> </u>
Address:	A	SECR
	315	SE SE
Secretary:		288 288 288 288 388 388 388
Address:	ထ္	STA
Treasurer:	25	SK SK
Address:		
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or dir	ectors.	
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 are true and that he or she is aware that false information submitted in a document to the Department of St		
third degree felony as provided for in s.817.155, F.S.	are con	รถเนเธอ ส
14. MURRAY DALFEN PRESIDENT		
(Typed or printed name and capacity of person signing application)		

Certificate of Compliance

Certificat de conformité

Canada Business Corporations Act s. 263.1

Loi canadienne sur les sociétés par actions art. 263.1

MAINSTREET JACKSONVILLE ENTERPRISES INC.

Corporate name / Dénomination sociale

824573-8

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.

Marcie Girouard

MarcoMound

Director / Directeur

2012-08-14

Issuance date (YYYY-MM-DD) Date d'émission (AAAA-MM-JJ)