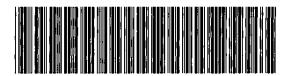
1/200003632

š .		
(Reque	stor's Name)	
(Addres	ss)	
(Addres	ss)	
(City/St	ate/Zip/Phone	∌ #)
PICK-UP	WAIT	MAIL.
(Busine	ess Entity Nar	ne)
(Docum	nent Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filin	g Officer:	





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COVER LETTER

TO:		Filing Section		,	i,	, 9	
SHR		•	CANADA II	VC.			
ВОВ	ECI.		Nam	e of corpora	ation -	must include suffix	
Dear S	Sir or Ma	adam:					
"Certi	ficate of	Existence,"	by Foreign (or "Certifica corporation to	te of Good	Stand	ing" and check are subi	et Business in Florida," mitted to register the
	return a		dence concer	ning this m	atter t	o the following:	
				Name	e of Po	erson	
8086	346 C	ANADA IN	C.				
1140	NELS	ON AVEN	UE	Firm/	Comp	any	
TRAI	L, BRIT	TISH COL	UMBIA, CA		ddres	V1R 3H4	
c_mo	rris7@	hotmail.co	m	City/Sta	ite and	Zip code	
			E-mail addre	ss: (to be us	sed for	future annual report n	otification)
For fu	rther info	ormation co	ncerning this	matter, plea	ise cal	l :	
Cody	Morris			250)	231-5229	
	Name	of Person			rea Co	de & Daytime Telepho	one Number
	New Fi Division Clifton 2661 E	ET/COURI iling Section on of Corpor Building xecutive Ce assee, FL 32	ations nter Circle	SS:		MAILING AI New Filing Sec Division of Co P.O. Box 6327 Tallahassee, FI	ction rporations
Enclos	ed is a cl	heck for the	following am	ount:			
X	70.00 Fil	ing Fee	\$78.75 Filio Certificate	ng Fee & of Status		78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status &

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.

8086346 CA	ANADA INC.						
	corporation; must include "INCORPORATEI forp." "Inc." "Co." or "Corp.")	D," "COMPANY," "CORPORATIO	N,"				
N/A							
(If name unavail	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)						
2. CANADA	-	, N/A					
	under the law of which it is incorporated)	(FEI number, if app	olicable)				
4. 2012-01-22	4	Perpetual					
· · · · · · · · · · · · · · · · · · ·	e of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")					
6. N/A							
·		in Florida, if prior to registration) 1502, F.S., to determine penalty liabil	lity)				
, 1140 NELSO	N AVENUE, TRAIL, BRITISH COI	LUMBIA, CANADA, V1R 3H	4				
/· <u></u>	(Principal office ad	ldress)					
1140 NELSO	N AVENUE, TRAIL, BRITISH COL	LUMBIA, CANADA, V1R 3H	4				
	(Current mailing ac	idress)					
8. Buy and sell							
(Purpose(s	s) of corporation authorized in home state or	country to be carried out in state of FI	orida)				
9. Name and stree	et address of Florida registered agent: (P	.O. Box NOT acceptable)					
Name:	InCorp Services, Inc.		ing on the				
Office Address:	17888 67th Court North		7 % T				
	Loxahatchee	33470					
	(City)	(Zip code)					
10. Registered as	gent's acceptance:		1.6 1.5 1.6 1.6 1.6 1.6 1.6 1.6 1.6 1.6 1.6 1.6				
Having been nam	ed as registered agent and to accept serv						
	application, I hereby accept the appoint omply with the provisions of all statutes						
~ ,	with and accept the obligations of my p		ie perjormance oj my unites				
Joseph	Anoman on behalf &	¿ Incorp Services	Inc.				
7	(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: Don't have one, is all done by Directors Address: ____ Vice Chairman: Don't have one, is all done by Directors Address: _____ Director: CODY MORRIS Address: 1140 NELSON AVENUE, TRAIL, BRITISH COLUMBIA, CANADA, V1R 3H4 Director: KEITH MORRIS BOX 33, SITE 16, RR7, CALGARY, ALBERTA, CANADA, T2P 2G7 B. OFFICERS President: _____ Don't have one, is all done by Directors Address: Vice President: Don't have one, is all done by Directors Address: _____ Don't have one, is all done by Directors Secretary: Address: __ Don't have one, is all done by Directors Address: ____ **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 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.

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

14. CODY MORRIS

FILED

12 SEP -4 PM 1: 40

SECRETARY OF STATE TALLAHASSFE, FLURIDA

Certificate of Existence

Certificat d'existence

Canada Business Corporations Act s. 263.1(1)(c) Loi canadienne sur les sociétés par actions art. 263.1(1)

	8086346 CANADA INC.	
	Corporate name / Dénomination sociale	
	808634-6	
-	Corporation number / Numéro de société	

I HEREBY CERTIFY that the corporation named above was in existence under the *Canada Business Corporations Act* on 2012-08-14 (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 2012-08-14 (AAAA-MM-JJ).

Marcie Girouard

Ware Mound

Director / Directeur

2012-08-14

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