Division of Corporations Electronic Filing Cover Sheet

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(((H13000212704 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222-1092

Fax Number : (850)878-5368

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

Email Address:

FOREIGN PROFIT/NONPROFIT CORPORATION HSI USA INC.

Certificate of Status	0
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Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

9/24/2013

COVER LETTER

	New Filing Sec Division of Co				
SUBJE	_{CT:} HSI (JSA Inc.			•
	·	Name	of corporati	on - must include suffi	x .
Dear Sir	or Madam:				
"Certific	ate of Existence	tion by Foreign C te," or "Certificat on corporation to	e of Good St	anding" and check are	nsact Business in Florida," submitted to register the
Please re	turn all corres	pondence concert	ing this mat	ter to the following:	
Kathy	y McGan	ry			
			Name o	f Person	
HSI L	JSA Inc.	·			
			Firm/Co		· ••• · · ·
c/o h	yperWAl	LET Syste	ems Inc	., 300 - 950 G	Branville Street
	***			iress	
Vanc	ouver, B	C V6Z1L2			- ·
			-	and Zip code	,
jkutne	er@nyper			ry@hyperwalle I for future annual rep	
		E-man augres	:3: (to 08 USE	n 101 thane suman rep	or nonneadon)
For furth	er information	concerning this	matter, pleas	e call:	
Kath	y McGan	ry	at (604	482-0090 a Code & Daytime Tel	x285
	Name of Perso	n	Are	a Code & Daytime Tel	ephone Number
					•
) [(New Filing Sec Division of Cor Clifton Bulldin	rporations B • Center Circle	38:	New Filing Division o P.O. Box 6	f Corporations
Enclosed	is a check for	the following an	ount:		•
□ \$70.0	0 Piling Fee	S78.75 Filin Certificate		S78.75 Filing Fee Certified Copy	& S87.50 Filing Pee, Certificate of Status & Certified Copy
		•			,
•	•				•

£1.

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.

(Enter name of or	Inc.		
"Inc.," "Co.," "Co	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
(If name unavails	ble in Florida, enter alternate corporate name se	dopted for the purpose of transacting busines	s in Florida)
Utah	3	46-3389051	-
	under the law of which it is incorporated)	(FEI number, if applicable)	
July 29, 2	2013 _{5.} 1	perpetual	
(Date		(Duration: Year corp. will cease to exist or	"perpetual")
upon qual			,
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registration) 12, F.S., to determine penalty liability)	
580 Califo	rnia Street, 12th floor, San	= -	-
	(Principal office addre		
580 Califo	rnia Street, 12th floor, San F	rancisco CA 94104	
	(Current mailing addre	38)	
_			
	wful act of activity for which corporations may be o		aporation Act
) of corporation authorized in home state or cou	•	
. Name and stree	t address of Florida registered agent: (P.O.	. Box NOT acceptable)	74 SE 30
	CT Corporation System		Fas
Name:	. 	Towns and	77 (71)
Name: Office Address:	1200 South Pine Island Ro	ad	EP 2
	1200 South Pine Island Ros		ETARY OF
<u></u>		ad , Fiorida 33324 (Zip code)	SEP 24 MI
ffice Address:	Plantation (City)	, Florida 33324	EP 24 M II:
ffice Address: D. Registered ag	Plantation (City) gent's acceptance: ed as registered agent and to accept service	, Florida 33324 (Zip code)	ration of the place
office Address: O. Registered aguarding been namesignated in this	Plantation (City) gent's acceptance: ed as registered agent and to accept servic application, I hereby accept the appointm	, Florida 33324 (Zip code) es of process for the above stated corporent as registered agent and agree to act	ration of the place of in this capacity.
office Address: O. Registered aguardance in this arrange to court the court of the	Plantation (City) gent's acceptance: ed as registered agent and to accept service	, Florida 33324 (Zip code) se of process for the above stated corporent as registered agent and agree to actualitive to the proper and complete perfo	ration of the place of in this capacity.
ffice Address: D. Registered against namesignated in this arthur agree to co	Plantation (City) gent's acceptance: ed as registered agent and to accept servic application, I hereby accept the appointm omply with the provisions of all statutes re amiliar with and accept the obligations of	, Florida 33324 (Zip code) The of process for the above stated corpore tent as registered agent and agree to actuality to the proper and complete performy position as registered agent.	ration of the place of in this capacity.
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ffice Address: D. Registered against namesignated in this arthur agree to co	Plantation (City) gent's acceptance: ed as registered agent and to accept servic application, I hereby accept the appointm omply with the provisions of all statutes re amiliar with and accept the obligations of (Tappoyaction System Stanta	, Florida 33324 (Zip code) se of process for the above stated corporent as registered agent and agree to actuality to the proper and complete performy position as registered agent. Buttle realdant & Assistant Secretary	ration of the place of in this capacity.

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.

FILED

12. Names and business addresses of officers and/or directors:	13 SEP 24 AM II: 38	
A. DIRECTORS	SECRETARY OF STATE	
Chairman: Lisa Ann Shields	TALLAHASSEE, FLORIDA	
Address: 300 - 950 Granville Street, Vancouver, BC V62	3Z1L2 Canada	
Vice Chairman:		
Addross:		
Director:		
Address:		
Director:	- · · · · · · · · · · · · · · · · · · ·	
Address:		
B. OFFICERS President: Lisa Ann Shields		
Address: as above		
Vice President:		
Secretary:		
Address:		
Treasurer:		
Address:		
NOTE: If necessary, you may attach an addendum to the application listing additional actions and the second	tional officers and/or directors.	
Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 abo are true and that he or she is aware that false information submitted in a documen a third degree felony as provided for in s.817.155, P.S.	ove) affirms that the facts stated herein it to the Department of State constitutes	
14. Lisa Ann Shields - President		
(Typed or printed name and capacity of person signing a	pplication)	



Utah Department of Commerce
Division of Corporations & Commercial Code
160 East 300 South, 2nd Floor, PO Box 146705
Salt Lake City, UT 84114-6705
Service Center: (801) 530-4849
Toll Free: (877) 526-3994 Utah Residents

Fux: (801) 530-6438 Web Site: http://www.commerce.utab.gov FILED

13 SEP 24 AM II: 38

SEGRETARY OF STATE
IALLAHASSEE, ELORIDA

09/24/2013 8753167-014209242013-1606873

CERTIFICATE OF EXISTENCE

Registration Number:

8753167-0142

Business Name:

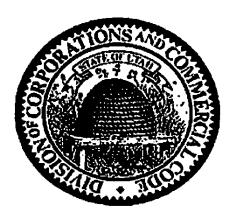
HSI USA INC.

Registered Date: Entity Type: July 29, 2013 Corporation - Domestic - Profit

Current Status:

Good Standing

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division (unless Delinquent); and, that Articles of Dissolution have not been filed.



Hathy Berg

Kathy Berg Director

Division of Corporations and Commercial Code