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(Re	equestor's Name)			
(Address)				
(Ac	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			
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Office Use Only



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COVER LETTER

·. #				
TO: New Filing Section	1			
Division of Corpor				
·				
SUBJECT: JEMA INVE	STMENTS INC			
	Name of corpora	tion - must include suffix		
Dear Sir or Madam:				
	or "Certificate of Good	for Authorization to Transa Standing" and check are sub siness in Florida.		
Please return all correspon	dence concerning this ma	atter to the following:		
PAMELA MOATS	•	_		
	N T	CD.		
		of Person		
MOATS & ASSOC	CIATES CPAS			
	Firm/C	Company		
2100 S RIDGEW	OOD AVE STE 7	7		
	A	ddress		
SOUTH DAYTON	NA, FL 32119			
	·	te and Zip code	· · · · · ·	
PAMELA@RRMOA	•	To all a Lip to de		
_		ed for future annual report r	actification)	
	E-man address. (10 be us	ed for future annual report i	iotineation)	
For further information con	cerning this matter, plea	se call:		
Pamela Moats	at (386	760-3083		
Name of Person		ea Code & Daytime Teleph	one Number	
STREET/COURIER ADDRESS:		*	MAILING ADDRESS:	
New Filing Section		New Filing Se		
Division of Corpor Clifton Building	ations	Division of Co P.O. Box 6327	-	
2661 Executive Ce	nter Circle	Tallahassee, F		
Tallahassee, FL 32		Turiurussee, T	5 52511	
Enclosed is a check for the	following amount:			
□ \$70.00 Filing Fee ■	1 \$78.75 Filing Fee &	☐ \$78.75 Filing Fee &	☐ \$87.50 Filing Fee,	
4	Certificate of Status	Certified Copy	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.

, JEMA INVE	STMENTS INC		
	orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	ED,	" "COMPANY," "CORPORATION,"
JEMA-US I	NVESTMENTS INC 🗸		
(If name unavaila	ble in Florida, enter alternate corporate na	me	adopted for the purpose of transacting business in Florida)
CANADA		3.	APPLIED FOR
·	inder the law of which it is incorporated)		(FEI number, if applicable)
04/24/201	13	5.	PERPETUAL
·	of incorporation)	٥.	(Duration: Year corp. will cease to exist or "perpetual")
_{5.} 06/01/201	13		
. 8827 Worl		7.1:	n Florida, if prior to registration) 502, F.S., to determine penalty liability) 100. FL 32821
	(Principal office		
38 Halifax	St, St. Johns, Newfoundl	ar	nd A1A 2P7 Canada
	(Current mailing	add	ress)
)·	ite Activities		
(Purpose(s)	of corporation authorized in home state o	rcc	ountry to be carried out in state of Florida)
. Name and street	t address of Florida registered agent: ((P.C	O. Box NOT acceptable)
Name:	Pamela Moats		
Office Address:	2100 S Ridgewood Av	/e	#7
office Address.	South Daytona		22110
	(City)		, Florida <u>32119</u> (Zip code)
10 Dogistanad ag			•

10. Registered agent's acceptance:

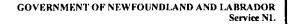
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative 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 only 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: Scott Noseworthy
Address: 38 Halifax Street
St Johns, NL A1A 2P7 Canada
Vice Chairman: Deborah Noseworthy
Address: 38 Halifax Street
St Johns, NL A1A 2P7 Canada
Director:
Address:
Director:
Address:
B. OFFICERS
President:
Address:
Vice President:
Address:
Secretary:
Address:
Treasurer:
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. Scott Noseworthy, Director

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





CORPORATIONS ACT

CERTIFICATE OF GOOD STANDING

Corporation Name: **JEMA Investments Inc.**

Corporation Number: 70011

Date of Incorporation: April 24, 2013

I certify that this Corporation has filed all documents required under the Corporations Act of Newfoundland and Labrador and is in Good Standing.

Ten Tol

REGISTRAR OF COMPANIES
For Province of Newfoundland and Labrador
October 29, 2013