

F/400000/855

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : NORTHWEST REGISTERED AGENT LLC
Account Number : I20090000081
Phone : (509)768-2249
Fax Number : (855)330-1010

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

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION

8664692 Canada Inc.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 APR 28 PM 12:20

FILED

W14-26081
W14-26394
W14-26591

RECEIVED

14 APR 28 PM 2:21

STATE
TALLAHASSEE, FLORIDA

04/29/14



April 28, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

NORTHWEST REGISTERED AGENT LLC

SUBJECT: 8664692 CANADA INC.
REF: W14000026591

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

The name and title of the person signing the document must be noted beneath or opposite the signature.

I see the TITLE listed as President; as you'll see below (in parentheses) the NAME and CAPACITY are required. ASEN or DIVNA needs to be listed.

If you have any further questions concerning your document, please call (850) 245-6052.

Thomas Chang
Regulatory Specialist II
New Filing Section

FAX Aud. #: H14000096407
Letter Number: 614A00008974

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. 8664692 Canada 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. CANADA

(State or country under the law of which it is incorporated)

3. N/A

(FEI number, if applicable)

4. 10-16-2013

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 12050 RUE LACHAPELLE, MONTREAL, QC, CANADA H4J 2M5

(Principal office address)

12050 RUE LACHAPELLE, MONTREAL, QC, CANADA H4J 2M5

(Current mailing address)

8. TRANSPORT AND LOGISTICS

(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: REGISTERED AGENTS INC.

Office Address: 3030 N. Rocky Point Dr, STE 150A

Tampa

(City)

, Florida

33607

(Zip code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.



Dan Keen - President

(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. DIRECTORSChairman: DIVNA PASKOVAAddress: 12050 RUE LACHAPELLE, MONTREAL, QC, CANADA H4J 2M5

Vice Chairman: _____

Address: _____

Director: ASEN PASKOVAddress: 12050 RUE LACHAPELLE, MONTREAL, QC, CANADA H4J 2M5

Director: _____

Address: _____

B. OFFICERSPresident: DIVNA PASKOVAAddress: 12050 RUE LACHAPELLE, MONTREAL, QC, CANADA H4J 2M5

Vice President: _____

Address: _____

Secretary: ASEN PASKOVAddress: 12050 RUE LACHAPELLE, MONTREAL, QC, CANADA H4J 2M5Treasurer: DIVNA PASKOVAAddress: 12050 RUE LACHAPELLE, MONTREAL, QC, CANADA H4J 2M5**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

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 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. PRESIDENT-Divna Paskova

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



Industry
Canada

Industrie
Canada

Certificate of Compliance

*Canada Business Corporations Act
s. 283.1*

Certificat de conformité

*Loi canadienne sur les sociétés par actions
art. 283.1*

8664692 Canada Inc.

Corporate name / Dénomination sociale

866469-2

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 ci-
dessus 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.

Virginie Ethier

Director / Directeur

2014-04-22

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

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FEDERAL GOVERNMENT
OTTAWA

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