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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: PALACE ANABIGA 555 INC.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Shlomi Steve Levy

Name of Person

Altro Levy LLP

Firm/Company

630 Sherbrooke Street West, Suite 1200

Address

Montreal, Quebec, H3A 1E4, Canada

City/State and Zip code

scs@designfinancier.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shlomi Steve Levy

Name of Person

at (**514**) **940-8070**

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status \$78.75 Filing Fee & Certified Copy \$87.50 Filing Fee, 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.

1. PALACE ANABIGA 555 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.

(FEI number, if applicable)

4. May 9, 2014

(Date of incorporation)

5.

perpetual

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

6. N/A

(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 5727 Queen-Mary Rd, Hampstead, Quebec, H3X 1X7, Canada

(Principal office address)

5727 Queen-Mary Rd, Hampstead, Quebec, H3X 1X7, Canada

(Current mailing address)

8. Any and all lawful purposes

(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: Jeffrey Feinberg

Office Address: 4651 Sheridan Street, suite 200

Hollywood, Florida 33021

(City)

(Zip code)

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.

[Handwritten signature]

(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.

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Samuel Cohen-Scali

Address: 5727 Queen-Mary Rd.,
Hampstead, Quebec, H3X 1X7, Canada

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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TALLAHASSEE, FLORIDA

B. OFFICERS

President: Samuel Cohen-Scali

Address: 5727 Queen-Mary Rd.,
Hampstead, Quebec, H3X 1X7, Canada

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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. Samuel Cohen-Scali, president

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



Industry Canada / Industrie Canada

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SECRETARY OF STATE
PALM HARBOR, FLORIDA

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Certificate of Existence

*Canada Business Corporations Act
s. 263.1(1)(c)*

Certificat d'existence

*Loi canadienne sur les sociétés par actions
art. 263.1(1)*

PALACE ANABIGA 555 INC.

Corporate name / Dénomination sociale

888276-2

Corporation number / Numéro de société

I HEREBY CERTIFY that the corporation named above was in existence under the *Canada Business Corporations Act* on 2014-05-27 (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 2014-05-27 (AAAA-MM-JJ).

Virginie Ethier

Director / Directeur

2014-05-27

Issuance date (YYYY-MM-DD)

Date d'émission (AAAA-MM-JJ)