

F14000004639

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

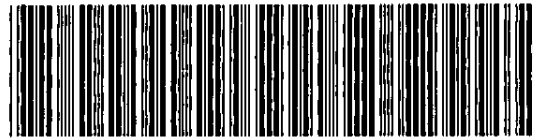
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FLORIDA FILING & SEARCH SERVICES, INC.

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DATE: 11/3/14

NAME: DEMERS AMBULANCE MANUFACTURER INC.

TYPE OF FILING: APPLICATION

COST: 78.75

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: DEMERS AMBULANCE MANUFACTURER 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:

Capitol Services - CORP Filings Team

Name of Person

Capitol Services, Inc.

Firm/Company

800 Brazos, Ste 400

Address

Austin, TX 78701

City/State and Zip code

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

For further information concerning this matter, please call:

Name of Person _____ at (800) 345-4647
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. DEMERS AMBULANCE MANUFACTURER 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. QUEBEC

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

3. 98-1174364

(FEI number, if applicable)

4. July 27, 2012

(Date of incorporation)

5. perpetual

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

6.

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

7. 28 Richelieu, Beloeil Quebec, J3G 4N5 CANADA

(Principal office address)

28 Richelieu, Beloeil Quebec, J3G 4N5 CANADA

(Current mailing address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Capitol Corporate Services, Inc.

Office Address: 155 Office Plaza Dr, Ste A

Tallahassee

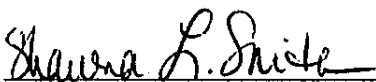
(City)

, Florida 32301

(Zip code)

9. 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)

SHAWNA L. SMITH, Asst. Sec. on behalf
of Capitol Corporate Services, Inc.

10. 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.

14 NOV -3 AM 9:29
DEPT. OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: ALAIN BRUNELLE

Address: 28 RICHELIEU, BELOEIL, QUEBEC J3G4N5

Vice President: BENOIT LAFORTUNE

Address: 28 RICHELIEU, BELOEIL, QUEBEC J3G4N5

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. _____

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.

13. Alain Brunelle

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

Revenue Quebec Attestation

This attestation was delivered to:

DEMERS AMBULANCE MANUFACTURER INC.

28 RICHELIEU

BELOEIL (Québec) J3G 4N5

Quebec Company (NEQ) NUMBER: 1168418144

This attests that the designated above company meets the following conditions:

- It produced a required declaration based on Quebec fiscal laws.
- It does not have a past due account with the Quebec Revenue Minister, or if it has a past due account, it concluded a payment agreement which is being respected or the debts recovery has been legally suspended.

This attestation is delivered under Revenue Minister Rights, which can proceed to verify, inspect, examine or inquire. The Minister can establish all determination, all imposition and all contribution.

Finally, it can render a decision and recover all amounts relating to the designated company.

Attestation number: 600150- ZWBB-0185184

Date and time of deliverance: October 31 2014 at 8:34 min 29 sec

You can verify the authenticity of this attestation on the Revenue Quebec website, at the following address www.revenuquebec.ca.

Make sure that this attestation has been delivered in the expected delay according to the current legislation.

AFFIRMED SOLEMNLY
BEFORE ME AT BELOEIL, QC
this 10/31/2014





LEW-700
2013-01

Attestation de Revenu Québec

Cette attestation est délivrée à

DEMERS, MANUFACTURIER D' AMBULANCES INC.
28, RUE RICHELIEU
BELOEIL (QUEBEC) J3G 4N5

Numéro d'entreprise du Québec (NEQ) : 1168418144

Elle atteste que l'entreprise désignée ci-dessus répond, à la date de délivrance, aux conditions suivantes :

- Elle a produit les déclarations exigées en vertu des lois fiscales québécoises.
- Elle n'a pas de compte en souffrance à l'égard du ministre du Revenu du Québec ou, si elle a un compte en souffrance, elle a conclu une entente de paiement qu'elle respecte ou le recouvrement de ses dettes a été légalement suspendu.

Cette attestation est délivrée sous réserve des droits du ministre du Revenu, qui peut notamment procéder à toute vérification, à toute inspection, à tout examen ou à toute enquête. Le ministre peut aussi établir toute détermination, toute imposition et toute cotisation. Enfin, il peut rendre toute décision et recouvrer tout montant relativement à l'entreprise désignée.

Numéro d'attestation : 600150-ZWBB-0185184

Date et heure de délivrance : 31 octobre 2014 à 8 h 34 min 29 s

Vous pouvez vérifier l'authenticité de cette attestation sur le site Internet de Revenu Québec, à l'adresse www.revenuquebec.ca.

Assurez-vous que l'attestation a été délivrée dans le délai prévu par la législation en vigueur.