

**Florida Department of State
Division of Corporations
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Division of Corporations
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**FOREIGN PROFIT/NONPROFIT CORPORATION
MAGNOLIA PARK JACKSONVILLE ENTERPRISES INC.**

Certificate of Status	0
Certified Copy	0
Page Count	04
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**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. MAGNOLIA PARK JACKSONVILLE ENTERPRISES 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. 01-15-15

(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. 4444 STE CATHERINE STREET WEST SUITE 100 WESTMOUNT QUEBEC CANADA H3Z 1R2

(Principal office address)

4444 STE CATHERINE STREET WEST SUITE 100 WESMOUNT QUEBEC CANADA H3Z 1R2

(Current mailing address)

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

Name:

MARJORIE MARGOLIES, ESQ.

Office Address:

140 N FEDERAL HIGHWAY SUITE 200

BOCA RATON

(City)

Florida

33432

(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)

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.

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

A. DIRECTORS

Chairman: MURRAY DALFEN

Address: 4444 STE CATHERINE STREET WEST SUITE 100
WESTMOUNT QUEBEC CANADA H3Z 1R2

Vice Chairman: _____

Address: _____

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.

12. *Murray Dalfen*

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. *Murray Dalfen*

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



Industry
Canada

Industrie
Canada

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)*

MAGNOLIA PARK JACKSONVILLE ENTERPRISES INC.

Corporate name / Désignation sociale

915399-3

Corporation number / Numéro de société

I HEREBY CERTIFY that the corporation
named above was in existence under the
Canada Business Corporations Act on 2015-
01-16 (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 2015-01-16 (AAAA-MM-JJ).

Virginie Ethier

Director / Directeur

2015-01-16

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

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