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(Address)					
(Address)					
(City/State/Zip/Phone #)					
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#### **COVER LETTER**

TO: New Filing Section Division of Corporation	ons			
SUBJECT: 9118896		C.		
	Name of corporation			
Dear Sir or Madam:				
The enclosed "Application by "Certificate of Existence," or " above referenced foreign corporates."	'Certificate of Good Stand	ding" and check are submit		
Please return all correspondent	ce concerning this matter	to the following:		
Antoine Brossea	เน Wery			
	Name of P	erson	_	
Altro Levy LLP				
	Firm/Comp	pany	The second of th	
630 Sherbrooke	St. W, Suite	1200		
	Addre	33		
Montreal, Quebe	ec, Canada, H	3A 1E4		
	City/State an	d Zip code		
awery@altrolevy.c	com			
E-m	ail address: (to be used fo	or future annual report notif	ication)	
For further information concern	ning this matter, please ca	dl:		
Antoine Brossea	u at (514	, 940-8061		
Name of Person	Area C	ode & 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 follo	owing amount:			
_	8.75 Filing Fee & Gertificate of Status	\$78.75 Filing Fee & © Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy	



# FLORIDA DEPARTMENT OF STATE Division of Corporations

February 17, 2015

ANTOINE BROSSEAU WERY ALTO LEVY LLP 630 SHERBROOKE ST.W., SUITE 1200 MONTREAL, QUEBEC. CANADA, H3A 1-E4

SUBJECT: 9118896 CANADA INC. Ref. Number: W15000011551

We have received your document for 9118896 CANADA INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Maryanne Dickey Regulatory Specialist II

Letter Number: 515A00003300

## 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.

0118896 Canada Inc.		7. 4 t t t
Enter name of corporation; most include "INCORPORCE," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")	ORATED," "COMPANY," "CORPORATION,"	12 m
Form Make in Washing and plantage areas	inite name adopted for the purpose of transacting business	- Florible)
Canada	3. N/A	
(State or country under the law of which it is incorp		
12/12/2014	s perpetual	2.
(Date of incorporation)	(Duration: Year corp. will ocase to exist or "p	espetual")
	·	
	business in Florida, if prior to registration)	
`	ol & 607.1502, F.S., to determine penalty liability)	
	Laurent, Quebec, H4R 3H8, C	anaoa
, ·	office address)	
ISAMO DE BRAVOI		
·		
` <u> </u>	mailing address)	
(Carrent z	-	
(Current r	agent: (P.O. Box <u>NOT acceptable</u> )	
(Current r	-	
Name and street address of Florida registered a	ngent: (P.O. Box NOT acceptable)	
Name and street address of Florida registered a  Name: Jeffley Fein  Flor Address: 4051 Shefid	igent: (P.O. Box NOT acceptable)  LBERG  an Street, Suite 200	
Name: Jeffly Fein to Address: 4051 Sherid	BERG an Street, Suite 200 Florida 33021	
Name and street address of Florida registered a  Name: Jeffley Fein  Too Address: 4051 Sherid	igent: (P.O. Box NOT acceptable)  LBERG  an Street, Suite 200	
Name: Jeffly Fein  Romo Address: 4651 Sherid  Holywood  (City)  Registered spent's acceptance:	agent: (P.O. Box NOT acceptable)  LBERG  an Street, Suite 200 , Florida 330.21 (Zip gode)	
Name and street address of Florida registered a  Name: Jeffley Fein  Floe Address: 4651 Sherid  Tolly 1000  (City)  Registered agent's acceptance:  rying been standed at registered agent and to a	agent: (P.O. Box NOT acceptable)  LBERG  an Street, Suite 200  Florida 3302   (Zip gode)	ulion at the
Name: Jeffly Fein  Name: Jeffly Fein  Registered agent's acceptance:  ring been named as registered agent and to a signated in this application, I hereby accept the fiver agree to comply with the provisions of a	agent: (P.O. Box NOT secreptable)  BERG  an Street, Suite 200  (Zip code)  secrept service of process for the above spated corporate appointment as registered agent out agree to act.  Il statutes pulative to the proper and complete profor	la this cape
Name: Jeffly Ffin  Name: Jeffly Ffin  The Address: 4651 Sherid  (City)  Registered agent's acceptance:  roing been stated at registered agent and to a standard in this application. I hereby accept the	agent: (P.O. Box NOT secreptable)  BERG  an Street, Suite 200  (Zip code)  secrept service of process for the above spated corporate appointment as registered agent out agree to act.  Il statutes pulative to the proper and complete profor	la this cape
Name: Telling Find Name: Telling Find Name: Telling Find The Address: 4651 Sherid (City) Registered agent's acceptance: aving been manted an registered agent and to a suggested in this application, I hereby accept the riber agree to comply with the provisions of a	agent: (P.O. Box NOT secreptable)  BERG  an Street, Suite 200  (Zip code)  secrept service of process for the above spated corporate appointment as registered agent out agree to act.  Il statutes pulative to the proper and complete profor	la this cape
Name: Tellier Fin  Name: Tellier Fin  Name: Host Sherid  Tollier City)  Registered agent's acceptance:  Tring been maned an registered agent and to a signated in this application, I hereby accept the riker agree to comply with the provisions of a	agent: (P.O. Box NOT secreptable)  BERG  an Street, Suite 200  (Zip code)  secrept service of process for the above spated corporate appointment as registered agent out agree to act.  Il statutes pulative to the proper and complete profor	la this cape
Name: Jeffly Fein  Name: Jeffly Fein  Registered agent's acceptance:  ring been named as registered agent and to a signated in this application, I hereby accept the fiver agree to comply with the provisions of a	agent: (P.O. Box NOT secreptable)  BERG  an Street, Suite 200  (Zip code)  secrept service of process for the above spated corporate appointment as registered agent out agree to act.  Il statutes pulative to the proper and complete profor	la this cap

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 recents in the jurisdiction under the law of which it is incorporated.

1. Names and business addresses of officers and/or directors:	
A. DIRECTORS	
Delimen: Jean-Francois Truchon	ملحانة المراجع ومراجع والمراجع
Address: 2116 rue John McCurly, St-Laurent, Quebec, H4R 3H	l8, Canada
	A
Vice Chairman: Sheila Perriard	
Address: 2116 rue John McCurty, St-Laurent, Quebec, H4R 3H	8, Canada 🖔 🗀
Director:	
Address:	· · · · · · · · · · · · · · · · · · ·
24 44 44 44 44 44 44 44 44 44 44 44 44 4	<u> </u>
	· · · · · · · · · · · · · · · · · · ·
Director	
Address:	<del></del>
R. OFFICERS President: Jean-Francois Truchon Address: 2116 rue John McCurdy, St-Laurent, Quebec, H4R 3	H8, Canada
Vice President: Sheila Perriard	
2116 rue John McCurly, St-Laurent, Quebec, H4R 3H	8, Canada
Secretary: Sheila Perriard	چې چې <del>د د د د د د د د د د د د د د د د د د د</del>
Address: 2116 rue John McCurly, St-Laurent, Quebec, H4R 3F	8. Canada
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Tressurer:	and the second s
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 are true and that he or she is aware that false information submitted in a document to the Department third degree felony as provided for in s.\$17.155, F.S.	
Jean-François Truchon, President	
(Typed or printed name and capacity of person signing application)	

### **Certificate of Compliance**

## Certificat de conformité

Canada Business Corporations Act s. 263.1 Loi canadienne sur les sociétés par actions art. 263.1

9118896 CANADA INC.

Corporate name / Dénomination sociale

911889-6

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 cidessus 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

Dirginie Ethian

Director / Directeur

2015-02-18

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