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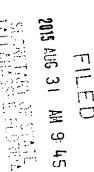
(Requestor's Na	ame)			
(Address)				
(Address)				
(City/State/Zip/l	Phone #)			
PICK-UP WAI	T MAIL			
(Business Entit	y Name)			
(Document Number)				
Certified Copies Certif	icates of Status			
Special Instructions to Filing Officer:				

Office Use Only



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COVER LETTER

TO:	Registration Se	ction			
	Division of Corporations				
07 ID T		CANADA INC.			
SUBJECT: Name of corporation - must include suffix					
		Name of corp	Jiauon	- must metude suritx	
Dear S	ir or Madam:				
"Certif	ficate of Existenc	ion by Foreign Corporati e," or "Certificate of Goo n corporation to transact	od Stan	ding" and check are sub	
	return all corresp Compliance	condence concerning this	matter	to the following:	
		Na	me of l	Person	——————————————————————————————————————
Harboi	r Compliance				
		Fin	n/Com	pany	
48-50	W. Chestnut St., St				
					
Lancas	ster, PA 17603		Addre	SS	
		City/	State a	nd Zip code	
m_bird	104@videotron.ca				
		E-mail address: (to be	used f	or future annual report i	notification)
		`			,
For fur	rther information	concerning this matter, p	lease c	all:	
Harbor	r Compliance	711	7	723-9317	
		at (
	Name of Perso	n Are	a Code	Daytime Telep	hone Number
STREET/COURIER ADDRESS:		MAILING ADDRESS:			
Registration Section			Registration Section		
Division of Corporations			Division of Corporations		
Clifton Building 2661 Executive Center Circle			P.O. Box 6327 Tallahassee, FL 32314		
Tallahassee, FL 32301		rananassee, r	L 32314		
Enclos	ed is a check for	the following amount:			
3 \$70	0.00 Filing Fee	S78.75 Filing Fee & Certificate of Statu	s 🗆	\$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. 8566003 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) 98-1120724 Canada (State or country under the law of which it is incorporated) (FEI number, if applicable) June 26, 2013 (Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 40 5E Avenue, Delson, Quebec J5B 1S1 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) REGISTERED AGENTS INC. Name: 3030 N. Rocky Point Drive, STE 150A Office Address:

9. Registered agent's acceptance:

TAMPA

(City)

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.

, Florida _33607

Bill Havre/Secretary/Registered Agents Inc.

(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.

1). Names and business addresses of officers and/or directors:				
A. DIRECTORS				
Chairman:				
Address:				
Vice Chairman:				
Address:				
Michael Bird				
Director: 40 5E Avenue				
Address: Delson, Quebec J5B ISI				
Domenica Artuso				
Director: 40 5E Avenue				
Address: Delson, Quebec J5B 1S1				
B. OFFICERS Michael Bird				
Paradidant.				
Address:				
Delson, Quebec J5B 1S1				
Vice President:				
Address:				
OF OF				
Domenica Artuso Secretary:				
40 5E Avenue, Delson, Quebec J5B ISI Address:				
Treasurer:				
Address:				
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.				
12. Michael Brid Signature of Director or Officer				
The officer or director signing this document (and who is listed in number 11 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.				
Michael Bird, President 13.				
(Typed or printed name and capacity of person signing application)				

Certificate of Existence	Certificat d'existence			
Canada Business Corporations Act s. 263.1(1)(c)	Loi canadienne sur les sociétés par actions art. 263.1(1)			
8566003 C	anada Inc.			
Corporate name / Dénomination sociale 856600-3				
I HEREBY CERTIFY that the corporation named above was in existence under the Canada Business Corporations Act on 2015-07-27 (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 2015-07-27 (AAAA-MM-JJ).			
Lizza	ie Ethias			
	e Ethier			
	e Ethier			

2015-07-27
Issuance date (YYYY-MM-DD)
Date d'émission (AAAA-MM-JJ)