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COVER LETTER

TO: Registration Section
Division of Corporations
ANALYSTES POITRAS & ASSOCIES INC.

SUBJECT: _____
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:
ANDREW L. JIMENEZ, ESQ.

Name of Person
JIMENEZ LAW OFFICES, P.A.

Firm/Company
100 SE THIRD AVE, SUITE 1514

Address
FORT LAUDERDALE, FL 33394

City/State and Zip code
ANDREW@JIMENEZLAWOFFICES.COM

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

For further information concerning this matter, please call:

ANDREW L. JIMENEZ, ESQ. 954 848-3111

Name of Person at () Daytime Telephone Number
Area Code

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

Registration 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.*

ANALYSTES POITRAS & ASSOCIES INC.

1. _____
(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)
QUEBEC, CANADA

2. _____ 3. 98-1270816
(State or country under the law of which it is incorporated) (FEI number, if applicable)

MARCH 13, 1995

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
319 WALNUT AVE, ST-LAMBERT, P. QUEBEC CANADA, J4P 2T3

7. _____
(Principal office address)

(Current mailing address, if different)

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

ANNIE POITRAS

Name: _____

400 SOUTH POINTE DRIVE, STE 2307

Office Address: _____

MIAMI BEACH

33139

_____, Florida _____
(City) (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.

DocuSigned by:

Annie Poitras

10/30/2015 | 2:01 PM PT

518570004186459

(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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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

ANNIE POITRAS

President: _____

400 SOUTH POINTE DRIVE, STE 2307

Address: _____

MIAMI BEACH, FL 33139

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. DocuSigned by:
Annie Poitras
51B57DBDA1B84E9...

10/30/2015 | 2:01 PM PT

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.

ANNIE POITRAS, PRESIDENT

13. _____

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

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TALLAHASSEE FLORIDA

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REZ-130 (2010-10)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Certificat d'attestation

Loi sur la publicité légale des entreprises (RLRQ, chapitre P-44.1)

J'atteste que l'entreprise portant le nom

ANALYSTES POITRAS & ASSOCIES INC.

- est immatriculée depuis le 13 mars 1995.
- n'est pas en défaut de déposer une déclaration de mise à jour annuelle.
- n'est pas en défaut de se conformer à une demande qui lui a été faite en vertu de l'article 73.
- n'est pas en voie de dissolution.
- n'est pas radiée.

Numéro de certification : 453076576

Le numéro de certification ci-dessus vous permet de consulter en tout temps ce document certifié à l'aide du service en ligne Vérifier un numéro de certification du Registraire des entreprises.

Fait le 30 octobre 2015 pour le numéro
d'entreprise du Québec 1143536754.

Renée Sanderson

Registraire des entreprises



Certificate of attestation

Law on the legal advertising of enterprises (RLRQ, Chapter P-44.1)

I attest that the enterprise named

ANALYSTES POITRAS & ASSOCIES INC.

- Is immatriculated since March 13, 1995.
- Is not in default of filing an annual updated declaration.
- Is not in default of conformity to the request made in virtue of article 73.
- Is not in the process of dissolution.
- Is not dissolved.

Certification number: 453076576

The above certificate number allows you to consult at any time this certified document through our online services Verify a certification number of the Enterprise Register.

Made on October 30, 2015 under
the Quebec enterprise number 1143536754

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TALLAHASSEE FLORIDA

CERTIFICATE OF ACCURATE TRANSLATION

The undersigned, JOHANNE MARCOUX, certifies that s/he is fluent in the FRENCH and English languages, that s/he made the attached translation from the attached document in the FRENCH language and, hereby, that the same is a true and complete translation to the best of his/her knowledge, ability, and belief.

Johanne Marcoux
(Signature of Translator)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 NOV -2 PM 1:55

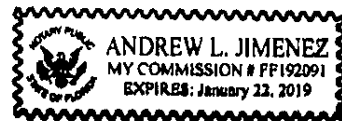
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STATE OF FLORIDA

COUNTY OF BROWARD

Sworn to (or affirmed) and subscribed before me this 2nd day of November, 20 15, by
Johanne Marcoux

[Signature]
Notary Public



Personally Known OR Produced Identification

Type of Identification Produced