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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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J. HARRIS

COVER LETTER

TO: Registration Section				
Division of Corporations				
MATFER BOURGEAT INC.				
Name of corporation	- must include suffix			
Dear Sir or Madam:				
20 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -				
The enclosed "Application by Foreign Corporation for A Certificate of Existence," or "Certificate of Good Standard Certificate of Cood Standard Certificate of Certific				
labove referenced foreign corporation to transact busines	ss in Florida.			
	to the following:			
Katell Dogat	to the femouring.			
Hald to the second seco				
Name of F	Person			
Matfer Bourgeat Inc.	AMAP.			
Firm/Com	pany			
(T6150 Lindbergh Street	•			
Addre	ss			
Van Nuys, CA 91406				
City/State ar	nd Zip code			
kdogat@matferinc.com				
E-mail address: (to be used f	or future annual report notification)			
	-11.			
For further information concerning this matter, please c	aii:			
Katell Dogat 800	766-0333			
at (Destina Talanhana Number			
Name of Person Area Code	Daytime Telephone Number			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section	Registration Section			
Division of Corporations Division of Corporations				
Clifton Building	P.O. Box 6327			
2661 Executive Center Circle				
Tallahassee, FL 32301				
Enclosed is a check for the following amount:				
\$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & \$87.50 Filing Fee, Certified Copy Certificate of Status &			
指衛10月。 -	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. MATTER BOURGEAT 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) 95-4244741 (State or country under the law of which it is incorporated) (FEI number, if applicable) (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) 16150 Lindbergh Street, Van Nuys CA 91406 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Hakima Chouali Name: 15570 SW 105 LN, Apt 1702 Office Address: Miami Florida (City) (Zip code) S 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.

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.

(Registered agent's signature)

1	1 Names and business addresses of officers and/or directors:			
	DIRECTORS	•	•	
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Ε	irector			
A	ddress			
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	irector: [additional]			•
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B				
В	OFFICERS	r		. :
	Alain Stammler, CEO			. 1
	esident: 16150 Lindbergh Street, Van Nuys CA 91406	·		
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V	ice President:		0.3	EREBA JUNEA
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	Alain Stammler, CEO			2 TEVRT
S	cretary:	<u></u>	88	
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A	Idress 1144 1 11: 1	<u> </u>		· · · · · · · · · · · · · · · · · · ·
N	OTE: If necessary, you may attach an addendum to the application listing additional officers	and/or dire	ctors.	
1				
T	Signature of Director or Officer ne officer or director signing this document (and who is listed in number 11 above) affirms that	at the facts	stated '	herein
	e true and that he or she is aware that false information submitted in a document to the Depart	ment of Sta	ite con	stitutes
a	third degree felony as provided for in s.817.155, F.S.			
1				<u> </u>
37 [2]	(Typed or printed name and capacity of person signing application)			

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

MATFER BOURGEAT, INC.

FILE NUMBER:

C1653237

FORMATION DATE:

11/22/1989

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of October 24, 2015.

ALEX PADILLA Secretary of State