

FL6000000821

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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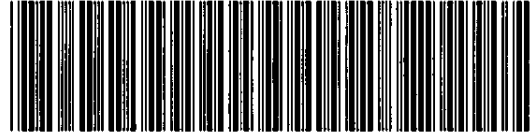
Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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2016 FEB 16 AM 9:35
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FEB 24 2016

S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 19, 2016

8948925 CANADA INC.
1750 ESTERO BLVD
FORT MYERS BEACH, FL 33931

We have received your document for 8948925 CANADA INC. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

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) 245-6051.

Shelia H Young
Regulatory Specialist II

Letter Number: 116A00003528

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 8948925 CANADA INC.
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:

SALIB (Family name) SAMIR (1st name)
Name of Person
8948925 CANADA INC.
Firm/Company
117 CHAMPRETTE STREET
Address
GATINEAU, QUEBEC, CANADA J9H 6W4
City/State and Zip code
S. salib(a) sympatico.ca
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SALIB Samir at 819 309-1477 (cell phone)
Name of Person Area Code Daytime Telephone Number

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:

(160) \$ U.S.

- ☐ \$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

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

8948925 CANADA INC.
Limited Liability Company; must include "Limited Liability Company"

If unavailable, the alternate to be used in the state of Florida is:

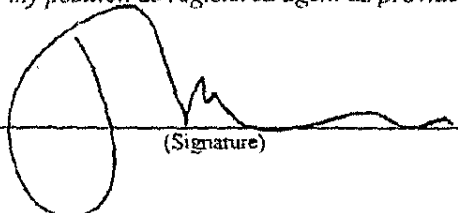
2. The name and the Florida street address of the registered agent and office are:

Judith Lee - Hemstreet
(Name)

1750 ESTERO Blvd
Florida Street Address (P.O. Box NOT ACCEPTABLE)

Fort Myers Beach 33931
City/State/Zip

Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.


(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

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TALLAHASSEE, FLORIDA

**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. 8948925 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)

2. CANADA 3. 98-1271288
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 2014-07-10 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. 17 MAY 01 NOVEMBER THE 1st 2015
(Date first transacted business in Florida, if prior to registration)
(See sections 607.021, 607.022, 607.1502 F.S. to determine penalty liability)

7. 117 CHAMPRETTE STREET
Gatineau (Quebec), CANADA 29H 6W4
(Street Address of Principal Office)
(Current mailing address, if different)

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

Name: SUN PALACE VACATIONS
Office Address: 1700 ESTERO BLV.
FORT MYERS BEACH, Florida 33931
(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.

(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

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

A. DIRECTORS

Chairman: SAMIR SALIB
Address: 117 CHAMPETRE STREET
Gatineau - Quebec - Canada J9H 6W4

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. _____

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.

13. SALIB

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

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TALLAHASSEE, FLORIDA



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)

8948925 CANADA INC.

Corporate name / Dénomination sociale

894892-5

Corporation number / Numéro de société

I HEREBY CERTIFY that the corporation named above was in existence under the *Canada Business Corporations Act* between 2015-10-31 and 2016-02-07 (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* entre le 2015-10-31 et le 2016-02-07 (AAAA-MM-JJ).

Virginie Ethier

Director / Directeur

2016-02-07

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

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TREASURY OF CANADA