Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

TRANS#833384

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number: 120160000017

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please *

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FOREIGN PROFIT/NONPROFIT CORPORATION DEMERS AMBULANCE USA INC.

Certificate of Status	0
Certified Copy	1
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MAR 1 5 2016

Y SHIEKER

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. 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) (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) e Pla Haburg
(Principal office address) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address:

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.

> Krista Ali, Asst. Secretary on behalf Landa Au of Capitol Corporate Services, 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.

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

A. DIRECTO	ORS			,
Chairman:	Peter Samson			. =
Address:	no Lython Blud.			
	TORONTO, ONT. CAN MAR 123			
Address:				
Director:				
Address:				
Director:			· ·	
Address:				
<u></u>			= 31	
B. OFFICERS		****	MAR	
President:	Alain Bronelle	37.	~	
	20 Chemin des Irlanduis	1771 - 1771 -		of Luci.
	BROMONT QC CAN ALL 30%		c ∞	; ·
			47	
Address:				
Secretary:	Beneit LaFortune			
	4001 de la Fougere St Brown QC	CAN	13V	6.K2
Freasurer:				
Address:				
NOTE: If nece	sapy, you may attach an addendum to the application listing additional officers	s and/or dire	ctors.	
12	16/h/C.			
ire true and that	Signature of Director or Officer irector signing this document (and who is listed in number 11 above) affirms the he or she is aware that false information submitted in a document to the Department as provided for in s.817.155, F.S.	at the facts s tment of Sta	tated he te consti	rein tutes
13	Alain Browelle, President			
	(Typed or printed name and capacity of person signing application)			

Delaware The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "DEMERS AMBULANCE USA INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE FIRST DAY OF MARCH, A.D. 2016.

5552169 8300 SR# 20161331627

You may verify this certificate online at corp.delaware.gov/authver.shtml .

Jarling VI. Bullage, Socceivery of State

Authentication: 201910027

Date: 03-01-16