

FILE 00000 249f

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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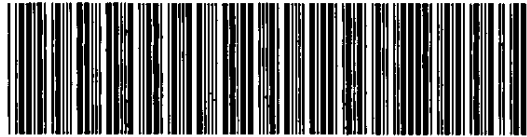
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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1010 North Florida Avenue | Tampa, FL 33602 | Phone: (813) 225-1918 | Fax: (813) 225-2531

MATTHEW J. LAPOINTE, ESQ.
Direct Dial: (813) 676-9075
mattl@whhlaw.com

May 27, 2016

Department of State
Division of Corporations
Corporate Filings
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Tremlease, Inc.
Our File No.: 7292-1605.1

Dear Sir or Madam:

Enclosed please find the following:

1. Application by Foreign Corporation for Authorization to Transact Business in Florida;
2. Original Certificate of Good Standing from the State of New Hampshire; and
3. Our Firm check #15194 in the amount of \$70.00.

If you require anything else, or if you have any questions concerning the enclosed, please contact me at the above, direct-dial phone number or email address.

Very truly yours,

A handwritten signature in black ink, appearing to read 'Matt Lapointe', written over the typed name.

Matthew J. Lapointe
Attorney at Law

MJL/cdh
Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tremlease, 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:
Matthew J. Lapointe, Esquire

Name of Person

Wetherington Hamilton, P.A.

Firm/Company

1010 N. Florida Avenue

Address

Tampa, FL 33602

City/State and Zip code

mattl@whhlaw.com

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

For further information concerning this matter, please call:

Matthew J. Lapointe, Esquire

813

225-1918

at (_____) _____

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:

- ☒ \$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.*

Tremlease 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)

2. _____ 3. _____
New Hampshire 02-0490176
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. _____ 5. _____
April 19, 1996
(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)

7. _____
790 Montrichard Avenue, St-Jean-sur-Richelieu, Qc Canada J2X5G4
(Principal office address)

(Current mailing address, if different)

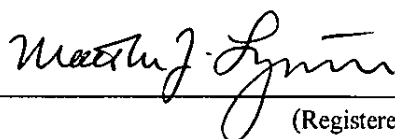
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: _____
Matthew J. Lapointe, Esquire

Office Address: _____
1010 N. Florida Avenue
Tampa, _____, Florida 33602
(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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Jacques Tremblay

Address: 790 Montrichard Avenue

St-Jean-sur-Richelieu, Qc Canada J2X5G4

Director: _____

Address: _____

B. OFFICERS

President: Jacques Tremblay

Address: 790 Montrichard Avenue

St-Jean-sur-Richelieu, Qc Canada J2X5G4

Vice President: Daniel Tremblay

Address: 790 Montrichard Avenue

St-Jean-sur-Richelieu, Qc Canada J2X5G4

Secretary: Marie Marquis

Address: 790 Montrichard Avenue, St-Jean-sur-Richelieu, Qc Canada J2X5G4

Treasurer: Marie Marquis

Address: 790 Montrichard Avenue, St-Jean-sur-Richelieu, Qc Canada J2X5G4

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. Marie Marquis, Secretary

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

State of New Hampshire

Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that Tremlease Inc. is a New Hampshire limited liability company formed on April 19, 1996. I further certify that it is in good standing as far as this office is concerned, having filed the annual report(s) and paid the fees required by law; and that a certificate of cancellation has not been filed.



In TESTIMONY WHEREOF, I hereto
set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 26th day of May, A.D. 2016

A handwritten signature in black ink, appearing to read "William M. Gardner".

William M. Gardner
Secretary of State