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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

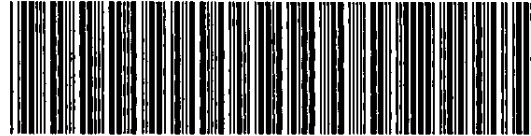
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

647 505 W16-41038

Office Use Only



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05/31/16--01011--026 \*\*70.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 MAY 31 PM 5:07

JUL 11 2016  
S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 6, 2016

MONIKA ST LOUIS  
8 JOHN STREET  
IROQUOIS ON KOE 1KO,

SUBJECT: ROSS VIDEO LIMITED  
Ref. Number: W16000041038

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

2016 JUL 11 PM 1:59

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We have received your document for ROSS VIDEO LIMITED and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

~~A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.~~

~~The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.~~

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: 816A00011869

*[Faint, illegible text, likely a carbon copy or bleed-through from the reverse side of the page.]*

## COVER LETTER

**TO:** Registration Section  
Division of Corporations  
Ross Video Limited

**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:  
Monika St-Louis

_____	Name of Person
Ross Video Limited	
_____	Firm/Company
8 John Street	
_____	Address
Iroquois ON K0E 1K0	
_____	City/State and Zip code
mstlouis@rossvideo.com	
_____	
E-mail address: (to be used for future annual report notification)	

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For further information concerning this matter, please call:

Monika St-Louis	613	652-4886
_____	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:

- |  |  |   |   |
|--|--|---|---|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,<br>Certificate of Status &<br>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.*

ROSS VIDEO LIMITED CORPORATION

1. \_\_\_\_\_  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

ROSS VIDEO LIMITED

\_\_\_\_\_  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)  
ONTARIO, CANADA 980110426

2. \_\_\_\_\_ 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)  
OCTOBER 31 1974

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)

8 JOHN STREET, IROQUOIS ON K0E 1K0

7. \_\_\_\_\_  
(Principal office address)

\_\_\_\_\_  
(Current mailing address, if different)

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

Name: REGISTERED AGENTS INC.

Office Address: 3030 N. Rocky Point Drive, STE 150A

TAMPA, Florida 33607  
(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.*



Bill Havre/Secretary/Registered Agents 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.

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

**A. DIRECTORS**

David Ross  
Chairman: \_\_\_\_\_

Address: 64 ARMAGH WAY NEPEAN ON

Jeffrey Moore  
Vice Chairman: \_\_\_\_\_

Address: 98 Osprey Court, Kanata ON K2M 2Z8

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

David Ross  
President: \_\_\_\_\_  
Address: 64 Armagh Way Nepean ON

Jeffrey Moore  
Vice President: \_\_\_\_\_

Address: 98 Osprey Court, Kanata ON K2M 2Z8

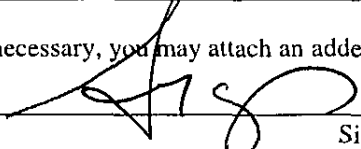
Lorraine Mastersmith  
Secretary: \_\_\_\_\_

Address: 1319 Terrace Ridge Drive, Carp ON K0A 1L0

George Angus  
Treasurer: \_\_\_\_\_

Address: 8 Qualicum St. Ottawa ON K2H 7G8

**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. GEORGE ANGUS CFO Ross Video LTD  
(Typed or printed name and capacity of person signing application)

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Industry  
Canada

Industrie  
Canada

## Certificate of Compliance

*Canada Business Corporations Act  
s. 263.1*

## Certificat de conformité

*Loi canadienne sur les sociétés par actions  
art. 263.1*

ROSS VIDEO LIMITED

Corporate name / Dénomination sociale

767520-8

Corporation number / Numéro de société

I HEREBY CERTIFY that the corporation  
named above:

- exists under the *Canada Business Corporations Act*;
- has filed the required annual returns; and
- has paid all prescribed fees required.

JE CERTIFIE, par la présente, que la société ci-  
dessus mentionnée :

- existe en vertu de la *Loi canadienne sur les sociétés par actions*;
- a déposé les rapports annuels exigés; et
- a acquitté les droits prescrits.

Virginie Ethier

Director / Directeur

2016-06-30

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

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