

FI6000004193

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(City/State/Zip/Phone #)

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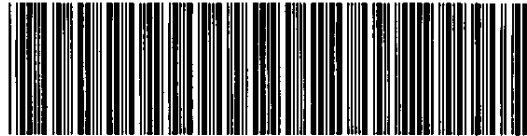
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FI60000059059

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08/23/16--01042--010 **78.75

16 SEP 19 2016
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08
9/24



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 25, 2016

EDWARD SNIDER
10100 SANTA MONICA BLVD, STE 410
LOS ANGELES, CA 90067

SUBJECT: PLENARY GROUP USA, LTD
Ref. Number: W16000059059

2016 SEP 19 10:41:30
TALLAHASSEE
RECEIVED

16 SEP 19 PM 4:00
RECEIVED
DIVISION OF CORPORATIONS
INFORMATION SERVICES

We have received your document for PLENARY GROUP USA, LTD and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

→ Add to end
of entity
name.

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.

→ use ApF
copy need
fr. NV

Please return the corrected original and one copy of 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.

Octavia I Simmons
Regulatory Specialist II
Registration Section

Letter Number: 016A00018142

Called 9/7 @ 10:49 am

COVER LETTER

TO: Registration Section
Division of Corporations

PLENARY GROUP USA LTD.

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:

EDWARD SNIDER

Name of Person

PLENARY GROUP USA LTD.

Firm/Company

10100 SANTA MONICA BLVD STE 410

Address

LOS ANGELES, CA 90067

City/State and Zip code

EDWARD.SNIDER@PLENARYGROUP.COM

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

For further information concerning this matter, please call:

RAJAN BAINS

604

638-3903

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.*

1. PLENARY GROUP USA LTD. 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. NEVADA 3. 38-3923534
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. NOVEMBER 6, 2013 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. AUGUST 1, 2016
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 100 S ASHLEY DRIVE STE 610, TAMPA, FL 33602
(Principal office address)
- _____
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: MICHAEL SCHUTT
- Office Address: 100 S ASHLEY DRIVE STE 610
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.

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

A. DIRECTORS

Chairman: PAUL DUNSTAN

Address: 400 Burrard St Ste 2000

Vancouver, BC V6C 3A6 (Canada)

Vice Chairman: Brian Budden

Address: 333 Bay St Ste 4920

Toronto, ON M5H 2R2 (Canada)

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: PAUL DUNSTAN

Address: 400 Burrard St Ste 2000

Vancouver, BC V6C 3A6 (Canada)

Vice President: Brian Budden

Address: 333 Bay St Ste 4920

Toronto, ON M5H 2R2 (Canada)

Secretary: Rajan Bains

Address: 400 Burrard St Ste 2000, Vancouver, BC V6C 3A6 (Canada)

Treasurer: Rajan Bains

Address: 400 Burrard St Ste 2000, Vancouver, BC V6C 3A6 (Canada)

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. CFO, SECRETARY AND TREASURER

Rajan Bains

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

B. OFFICERS

Chief Financial Officer: RAJAN BAINS

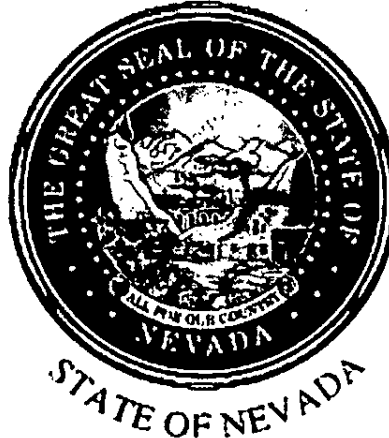
Address: 400 BURRARD ST STE 2000, VANCOUVER, BC V6C 3A6 (CANADA)

Vice President: BRIAN CLARK

Address: 400 BURRARD ST STE 2000, VANCOUVER, BC V6C 3A6 (CANADA)

16 SEP 19 11 11
STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **PLENARY GROUP USA LTD.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since November 6, 2013, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on September 7, 2016.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Electronic Certificate
Certificate Number: C20160907-1415
You may verify this electronic certificate
online at <http://www.nvsos.gov/>