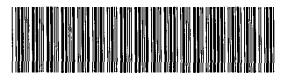
F/6000004787

(Re	equestor's Name)			
(Address)				
(Ad	ldress)	· 		
(Ĉi	ty/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Name	e)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
W10-69284	·			

Office Use Only



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2016 DCT 24 PM 5: 31
SECRÉTARY OF STATE
SECRÉTARY OF STATE

K. SALY OCT 2 6 2016



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 10, 2016

JOHN R. GINN, ESQ 770 A1A BEACH BLVD., SUITE D ST. AUGUSTINE, FL 32080

SUBJECT: WEISS & ASSOCIATES, INC

Ref. Number: W16000069284

RECEIVED

2016 OCT 24 PM 3:
SECREPANT OF SIS

We have received your document for WEISS & ASSOCIATES, INC and your check(s) totaling \$78.75. However, the enclosed document has not been filled and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

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.

Tanisha L Washington Regulatory Specialist II

Letter Number: 216A00021749

I please see alternate name on attached application.

COVER LETTER

	Registration Section Division of Corporations						
SUBJE	Weiss & Asso	ciates, Inc					
SUBJE	C1.	Name of co	orporation -	must include suffix			
Dear Sir	or Madam:						
"Certific	osed "Application late of Existence," of ferenced foreign co	or "Certificate of C	Good Standi	ng" and check are sub-	et Business in Florida," mitted to register the		
	eturn all correspond Ginn, Esq.	ence concerning t	his matter to	the following:			
			Name of Pe	rson			
Ginn & F	Patrou, P.A.						
770 A1A	Beach Blvd., Suite I		Firm/Compa	ny			
			Address				
St. Augus	stine, FL 32080						
weissand	associates@hotmail.		ty/State and	Zip code			
	F	E-mail address: (to	be used for	future annual report n	otification)		
For furth	ner information con	cerning this matte	r, please cal	1:			
John R. C	Ginn		904	461-3000			
	Name of Person		Area Code	Daytime Teleph	none 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	:				
\$70.0	00 Filing Fee	\$78.75 Filing Fe Certificate of St		\$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. (Enterpresent of a		" "COMPANY" "CORPORATION"			
	orporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")	" "COMPANY, "CORPORATION,"			
_Chci	S Weiss & Associates	, INC.			
	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)				
2. Wyoming 3.					
	ry under the law of which it is incorporated)	(FEI number, if appli	icable)		
June 10, 2013 4.		Perpetual			
(Date	e of incorporation)	(Date of duration, if other th	an perpetual)		
6.					
·		n Florida, if prior to registration) 502, F.S., to determine penalty liability)		
18 Yeoman Dr. E	Brantford Ontario, N3R 7S8, Canada				
7	(Princi)	pal office address)			
	· · · · · · · · · · · · · · · · · · ·	•	i r-3		
	(Current maili	ng address, if different)			
			52 8 "TI		
8. Name and stree	et address of Florida registered agent: (P.	O. Box NOT acceptable)	T2		
	Ginn & Patrou, P.A.	,	SEE O		
Name:	·	<u></u>	F. 12 1		
Office Address:	770 A1A Beach Blvd., Suite D		Tes si		
311100 1 1 dai 1 da 30.	St. Augustine	32080 , Florida	Rick 31		
	(City)	(Zip code)			
Having been nan designated in this further agree to c	ent's acceptance: ned as registered agent and to accept serves application, I hereby accept the appoints comply with the provisions of all statutes familiar with and accept the obligations of	ment as registered agent and agree relative to the proper and complete	e to act in this capacity. I		
	(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.

FILED
2016 OCT 24 PM 5: 31
SECRETARY OF STATE

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

A. DIRECTORS Christopher Robin Perry Weiss	TALLAHASSEE, FLOR
Chambao:	MASSEE, FLOR
Address: 18 Yeoman Dr., Brantford, Ontario, N3R 7S8	
Vice Chairman:	
Address:	
Director:	
Address:	
Director	
Address:	
B. OFFICERS President: Christopher Robin Perry Weiss	
Address: 18 Yeoman Dr., Bientford, Ontario, N3R 7S8	
Vice President:	
Address:	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary you may attach an addendam to the application listing additional offi	cers and/or directors.
Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) aftirms are true and that he or she is aware that false information submitted in a document to the Di	ns that the facts stated herein
a third degree felony as provided for in s.817.155, F.S.	eparament of State constitutes
13. Christopher Robin Perry Weiss, President	

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

State of Wyoming

Office of the Secretary of State



United States of America, State of Wyoming

SS.



I, ED MURRAY, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office.

Weiss & Associates Inc is a Profit Corporation

formed or qualified under the laws of Wyoming did on **June 10, 2013**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2013-000645020**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 30th day of September, 2016 at 7:31 AM.



Secretary of State

By Kosalie Lonzali

Rosalie Gonzales