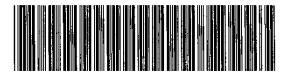
# F16000000499

(Re	questor's Name)	
(Ad	dress)	
- (ΔΑ)	dress)	
(riu	uiess)	
(Cit	ty/State/Zip/Phone	#)
_		
PICK-UP	WAIT	MAIL
/Ru	siness Entity Name	<u> </u>
(Du	Siless Littly Name	e,
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

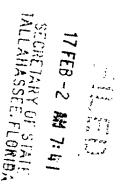




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02/03/17--01002--001 \*\*150.00

01/31/17--01009--027 \*\*1187.50



12/40)



January 31, 2017

MARGARET FONG-HARANDI 6351 S HINSON ST UNIT L LAS VEGAS, NV 89118

SUBJECT: OCTAFORM INC. Ref. Number: W17000008777

We have received your document for OCTAFORM INC. and your check(s) totaling \$1187.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$150.00.

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.

Justin M Shivers
Regulatory Specialist II Supervisor
Registration/Qualification Section

Letter Number: 117A00001914



100 South Ashley Drive, Suite 1740 Wells Fargo Center Tampa, Florida 33602 Telephone: 813.221.5206 Fascimile: 813.221.6206 www.AnsaLaw.com

Matthew J. Meyer Direct Office: 813.221 5403 Mobile: 813.375.2258 matthew.meyer@ansalaw.com

February 1, 2017

#### Via UPS Overnight

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

RE:

Octaform Inc.

Document #W1700008777

Dear Sir or Madam:

Regarding the rejected filing referenced above and attached hereto, enclosed please find our check in the amount of \$150 representing payment of the remaining administrative fees due.

If you have any questions, please contact me or Matthew Meyer, Esq. Thank you.

Very truly yours

Mary-Jø Hølmes

Enclosures

FLORIDA MARYLAND NEW JERSEY NEW YORK OHIO PENNSYLVANIA

#### **COVER LETTER**

TO: Registration Section Division of Corporations			
OCTAFORM INC SUBJECT:			
30bJEC1	Name of corporati	on - must include suffix	_
Dear Sir or Madam:			
The enclosed "Application by Fo "Certificate of Existence," or "Ce above referenced foreign corpora	ertificate of Good St	anding" and check are sul	
Please return all correspondence Margaret Fong-Harandi	concerning this mat	ter to the following:	
	Name o	of Person	
Octaform Inc.			
6351 S. Hinson Street, Unit L	Firm/Co	ompany	
Las Vegas, NV 89118	Ado	iress	
accounting@octaform.com	City/State	and Zip code	
E-mail	address: (to be use	d for future annual report	notification)
For further information concerning	ng this matter, pleas	e call:	
Margaret Fong-Harandi	702 at (	485-1325	
Name of Person	Area Co	ode Daytime Telep	phone Number
STREET/COURIER AND Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301		MAILING A Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7
Enclosed is a check for the follow	ving amount:		
	75 Filing Fee & tificate 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.

	able in Florida, enter alternate corporate name ad	opted for the purpose of transact	ting business in Florida)
Nevada	3.		
October 30, 201	3	(FEI number, if	
	of incorporation) 5	(Date of duration, if other	er than perpetual)
December 4, 20		(Date of duration, if other	er man perpendarj
<del></del>	(Principal	office address)	27
	(Current mailing	address, if different)	17 FE SECRE
Name and stree	t address of Florida registered agent: (P.O.	Box NOT acceptable)	7 B 7 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Name:	Matthew J. Meyer, Ansa Assuncao LLP		SSS ~ Im
fice Address:	100 South Ashley Drive, Suite 1740	<u></u>	
	Tampa	33602 , Florida	
	(City)	(Zip code)	
	ent's acceptance: ed as registered agent and to accept service	e of process for the above sta ent as registered agent and a	

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. DIK	CD (ID)			
Chairman	G David Richardson			
Address:	520-885 DUNSMUIR STREET			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	VANCOUVER, BC V6C IN5 CANADA			
Vice Chai	rman:			
Address:				
		•		
Director:				
Address:				
riuuress.				
Director:				
Address:				
B. OFF	ICERS G David Richardson			
President:				
Address:	520-885 DUNSMUIR STREET			
Audi Coo.	VANCOUVER, BC V6C IN5 CANADA	TA <sub>SS</sub>		
Vice Pres	ident:		17 F	
		<del>- 1</del>	8	7. 1
Address:		- <del>SS</del>	N :	
		<u>E</u> ~	ن	
Secretary	G David Richardson	رو براسم		
	520-885 DUNSMUIR STREET	****		
Address:	VANCOUVER, BC V6C 1N5 CANADA	<del>- 3</del>		
Treasurer	G David Richardson 520-885 DUNSMUIR STREET		<del></del>	
Address:	VANCOUVER, BC V6C INS CANADA			
	If necessary, you may attach an addendum to the application listing additional officer	s and/or direct	ors.	
12	Signature of Director or Officer	· <u>·</u>		
are true a a third de G. D	there or director signing this document (and who is listed in number 11 above) affirms the and that he or she is aware that false information submitted in a document to the Department for the Department of the			
	(Typed or printed name and capacity of person signing application)			

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, OCTAFORM INC., 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 October 30, 2013, and is in good standing in this state.

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IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on January 12, 2017.

Ballara K. Cagaiske

BARBARA K. CEGAVSKE Secretary of State

Electronic Certificate
Certificate Number: C20170112-1883
You may verify this electronic certificate
online at http://www.nvsos.gov/