

F17000000577

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

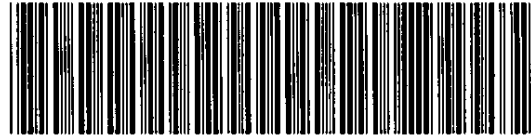
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 FEB -6 P 4:19

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n. BRUCE
FEB 07 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 31, 2017

COURTNEY KIRBY
380 WELLINGTON STREET, TOWER B, 6TH FL
LONDON, ONTARIO, N6A 5B5,

SUBJECT: CDN PHARMA GROUP INC.
Ref. Number: W17000008915

We have received your document for CDN PHARMA GROUP INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

Office policy prevents this office from processing the enclosed check(s). All checks processed by this office must be payable in U.S. dollars and drawn on a bank located in the United States.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 517A00001950

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2017 FEB -6 PM 2:41
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CDN Pharma Group 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:

Courtney Kirby

Name of Person

CDN Pharma Group Inc.

Firm/Company

380 Wellington Street, Tower B, 6th Floor

Address

London, Ontario, N6A 5B5

City/State and Zip code

courtney@cdnpharmagroup.com

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

For further information concerning this matter, please call:

| | | |
|-----------------------|-------------------|--------------------------|
| <u>Courtney Kirby</u> | at (<u>888</u>) | <u>651-0008 ext 2</u> |
| 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

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2017 FEB -6 P 4:19
SECOND JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA

**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. CDN Pharma Group 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. Canada 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. November 2014 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)
6. July 23, 2015
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 380 Wellington Street, Tower B, 6th Floor, London, Ontario N6A 5B5
(Principal office address)

(Current mailing address, if different)

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

Name: InCorp Services, Inc.

Office Address: 17888 67th Court North

Loxahatchee, Florida 33470
(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.



Leora Nealey on behalf of InCorp Services, 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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2017 FEB -6 P 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Andrew Macluskie

Address: 400 Adelaide Street E, Suite 1710 Toronto, Ontario M5A 1N4

Director: Courtney Kirby

Address: 2331 Buroak Drive London, Ontario N6G 0L1

B. OFFICERS

President: Andrew Macluskie

Address: 400 Adelaide Street E, Suite 1710 Toronto, Ontario M5A 1N4

Vice President: _____

Address: _____

Secretary: Courtney Kirby

Address: 2331 Buroak Drive London, Ontario N6G 0L1

Treasurer: Courtney Kirby

Address: 2331 Buroak Drive London, Ontario N6G 0L1

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. Courtney Kirby

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. Courtney Kirby, Director

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

FILED
2017 FEB - 6 P 4:20
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

Certificate of Existence

Canada Business Corporations Act
s. 263.1(1)(c)

Certificat d'existence

Loi canadienne sur les sociétés par actions
art. 263.1(1)

CDN PHARMA GROUP INC.

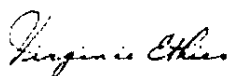
Corporate name / Dénomination sociale

909054-1

Corporation number / Numéro de société

I HEREBY CERTIFY that the corporation
named above was in existence under the
Canada Business Corporations Act on 2017-
01-10 (YYYY-MM-DD).

JE CERTIFIE, par la présente, que la société
ci-dessus mentionnée existait en vertu de la
Loi canadienne sur les sociétés par actions
le 2017-01-10 (AAAA-MM-JJ).



Virginie Ethier

Director / Directeur

2017-01-10

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