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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : SAXON, GILMORE, CARRAWAY, GIBBONS, LASH & WILCOX
Account Number : I20030000134
Phone : (813)314-4500
Fax Number : (813)314-4555

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: FLCORP@SAXONGILMORE.COM

2017 FEB 22 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOREIGN PROFIT/NONPROFIT CORPORATION
VARCAN PROPERTY MANAGEMENT INC.

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$87.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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K. SALY
FEB 23 2017

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VARCAN PROPERTY MANAGEMENT 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:
BERNICE S. SAXON, ESQ.

Name of Person
SAXON GILMORE & CARRWAY, P.A.
Firm/Company
201 E. KENNEDY BOULEVARD, SUITE 600
Address
TAMPA, FL 33602
City/State and Zip code
FLCORP@SAXONGILMORE.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KARI POWER	813	314-4500
Name of Person	at ()	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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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. VARGAN PROPERTY MANAGEMENT INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
2. ONTARIO, CANADA
(State or country under the law of which it is incorporated)
3.
(FEI number, if applicable)
4. JANUARY 17, 2017
(Date of incorporation)
5.
(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)
7. 55 VICTORIA STREET NORTH, NO. J, KITCHENER, ONTARIO, CANADA N2H 5B7
(Principal office address)

(Current mailing address, if different)

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

Name: BERNICE S. SAXON, ESQ.
Office Address: 201 B. KENNEDY BLVD., SUITE 603
TAMPA, Florida 33602
(City) (Zip code)

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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.

[Handwritten signature]
(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

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: HARSCH KHANDELWAL

Address: 55 VICTORIA STREET NORTH, NO. J

KITCHENER, ONTARIO, CANADA N2H 5B7

Director: ANITA KHANDELWAL

Address: 55 VICTORIA STREET NORTH, NO. J

KITCHENER, ONTARIO, CANADA N2H 5B7

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

12. _____ *MK*

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. HARSCH KHANDELWAL, DIRECTOR

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

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Request ID: 019931851
Demande n° :
Transaction ID: 63616692
Transaction n° :
Category ID: CT
Catégorie :

Province of Ontario
Province de l'Ontario
Ministry of Government Services
Ministère des Services gouvernementaux

Date Report Produced: 2017/02/16
Document produit le :
Time Report Produced: 16:52:26
Imprimé à :

CERTIFICATE OF STATUS ATTESTATION DU STATUT JURIDIQUE

This is to certify that according to the records of the Ministry of Government Services

D'après les dossiers du Ministère des Services gouvernementaux, nous attestons que la société

VARCAN PROPERTY MANAGEMENT INC.

Ontario Corporation Number

Numéro matricule de la société (Ontario)

0 0 2 5 5 6 5 4 7

is a corporation incorporated, amalgamated or continued under the laws of the Province of Ontario.

est une société constituée, prorogée ou née d'une fusion aux termes des lois de la Province de l'Ontario.

The corporation came into existence on

La société a été fondée le

JANUARY 17 JANVIER, 2017

and has not been dissolved.

et n'est pas dissoute.

Dated

Fait le

FEBRUARY 16 FÉVRIER, 2017



Director
Directeur

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SECRETARY OF STATE
PALM BEACH, FLORIDA

The issuance of this certificate in electronic form is authorized by the Ministry of Government Services.
La délivrance du présent certificat sous forme électronique est autorisée par le Ministère des Services gouvernementaux.