

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

VARCAN PROPERTY MANAGEMENT INC.

**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:  
BERNICE S. SAXON, ESQ.

\_\_\_\_\_  
Name of Person

SAXON GILMORE &amp; 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

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

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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.*

VACAN PROPERTY MANAGEMENT INC.

1. \_\_\_\_\_  
(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. ONTARIO, CANADA 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. JANUARY 17, 2017 5. \_\_\_\_\_  
(Date of incorporation) (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. 1, 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 E. KENNEDY BLVD., SUITE 603  
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.

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

## A. DIRECTORS

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: HARSCH KHANDLWAL

Address: 55 VICTORIA STREET NORTH, NO. 1

KITCHENER, ONTARIO, CANADA N2H 5B7

Director: ANITA KHANDLWAL

Address: 55 VICTORIA STREET NORTH, NO. 1

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. \_\_\_\_\_

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 KHANDLWAL, 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)

**002556547**

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

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.

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