7/18/2017

Division of Corporations



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	Division of Corporations	1 m
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	Account Name : C T CORPORATION SYSTEM	
	Account Number : FCA0000000023	
	Phone : (512)418-6949	7
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FOREIGN PROFIT/NONPROFIT CORPORATION FM MEATS GP INC.

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COVER LETTER

Divisi	ration Section on of Corpora	tions					
SUBJECT:	FM Ments GP	Inc.		-			
oobvii.e.i.		Name of	corporation	- must i	include suffix		
Dear Sir or Ma	adam:						
"Certificate of	Existence," (oy Foreign Corp or "Certificate of rporation to tran	Good Star	iding" a	nd check are su	act Bus bmitte	siness in Florida," d to register the
Please return a	all correspond	ence concerning	this matte	r to the f	following:		
Laura Proniuk							
			Name of	Person			
The Stronach C	iroup						
			Firm/Con	npany	· · · · · · · · · · · · · · · · · · ·		
455 Magna Dri	vė						
			Addr	CSS			
Aurom, Ontario	Canada I.4G	7.69					
		(City/State a	ınd Zip o	code	,	
laura.proniuk@							
·		-mail address: (to be used	for futur	e annual report	notifi	cation)
For further in	formation con	cerning this mat	ter, please	call:			
Laura Proniuk		a f	c ⁹⁰⁵	726	7082		
Name	c of Person		(Mrea Cou	le	Daytime Tele	phone	Number
Regis Divis Clifto 2661	EET/COURING tration Section ion of Corpor Building Executive Ce hassee, FL 32	ations ater Circle			MAILING Registration Division of 0 P.O. Box 63 Tallahassee,	Sectio Corpor 27	n ations
Enclosed is a	check for the	following amou	nt:				
□ \$70.00 Fil	ing Fee 🗆	\$78.75 Filing Certificate of			5 Filing Fee & fied Copy	0	\$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 1 (DICODRODICES	LUCOLO LARZII MOCARDON LOTONI N	
"Inc.," "Co.," "Co	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,	
	ble in Florida, enter alternate corporate name	adopted for the purpose of transacting bu	ismess in Florida)
Delaware	y under the law of which it is incorporated)		11.
	y under the law of which it is incorporated)	(l'El number, il applica	able)
June 6, 2017	of incorporation) 5.	(Date of duration, if other than	
(Date	of incorporation)	(Date of duration, if other than	perpetual)
****	(Date first transacted business i	Pl 11 16 form district	
	(SEE SECTIONS 607.1501 & 607.1	502, F.S., to determine penalty liability)	
19798 NE Hwy. 3	115, Fort McCoy FL 32134		
	(Princi	pal office address)	
455 Magna Drive	, Aurora, ON Canada L4G 7A9		
	(Current maiti	ng address, if different)	
	(Current maili	ng address, if different)	SS YELL TO THE STATE OF THE STA
Name and stree	(Current mails		3355 YHW
			JUL 18 PM
Name:	et address of Florida registered agent: (P. C T Corporation System		97 15 3355 YHY 91 19 ABY 13 11 Md 81 10
Name:	et address of Florida registered agent: (P. C T Corporation System 1200 South Pine Island Road	O. Box NOT acceptable)	701-18 3355YHV 1971-19 3355YHV 1971-19 BW 1-10
Name:	et address of Florida registered agent: (P. C T Corpotation System 1200 South Pine Island Road Plantation	O. Box NOT acceptable) Florida 33324	1 21 1 2 3 5 5 7 1 7 7 1 7 1 7 1 7 1 7 1 7 1 7 1 7
Name:	et address of Florida registered agent: (P. C T Corporation System 1200 South Pine Island Road		OF 18 BM 4: 04
Name:	et address of Florida registered agent: (P. C T Corporation System 1200 South Pine Island Road Plantation (City)	O. Box NOT acceptable) Florida 33324	70118 DISSYN 1 212 FT ANT 01
Name: office Address: Registered ag	et address of Florida registered agent: (P. C T Corpotation System 1200 South Pine Island Road Plantation (City) ent's acceptance: sed as registered agent and to accept serv	O. Box NOT acceptable) , Florida 33324	orporation at the place
Name: ffice Address: Registered aglaving been names	et address of Florida registered agent: (P. C T Corpotation System 1200 South Pine Island Road Plantation (City) ent's acceptance: and as registered agent and to accept service application. I hereby accept the appoint	O. Box NOT acceptable) , Florida 33324	orporation at the place to act in this capacity.
Name: Office Address: Registered agilaving been namesignated in this	et address of Florida registered agent: (P. C T Corpotation System 1200 South Pine Island Road Plantation (City) ent's acceptance: red as registered agent and to accept service application, I hereby accept the appointmentally with the provisions of all statutes	O. Box NOT acceptable) , Florida 33324	orporation at the place to act in this capacity.
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Name: Office Address: Registered aglaving been namelesignated in this	et address of Florida registered agent: (P. C T Corpotation System 1200 South Pine Island Road Plantation (City) ent's acceptance: seed as registered agent and to accept serve application, I hereby accept the appoint comply with the provisions of all statutes familiar with and accept the obligations	O. Box NOT acceptable) , Florida 33324 (Zip code) vice of process for the above stated coment as registered agent and agree or relative to the proper and complete for my position as registered agent.	orporation at the place to act in this capacity.

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 baving custody of corporate records in the jurisdiction under the law of which it is incorporated.

H. Nan	nes and business addresses of officers and/or directors:			
A. DIR	ECTORS			
Chairmai	n:			
Address:				
Vice Chn	tirman:			<u>-</u>
	ener .			
				
Director:	Frank Stronach			
Address:	455 Magna Drive			
	Aurora, ON L4G 7A9			
Director	·			
Madress.			2017	
B. OFF	TICEDS	3×2×4	<u></u>	<u> </u>
	Frank Stronach	35 T.	 	Grand.
President	455 Magna Drivo		- 	Ĺĺ
Address:	Aurora, ON L4G 7A9	<u> </u>	<u></u>	- 13mm
		- 5 1	.	
	sident:			
Address:	n e			
	Brauk Strouach			
Secretary	/:			
Address:	os might through the transfer of the transfer			
Trensurer	r:			
Address:				
NOTE:	If necessary, you may attach an addendum to the application listing additional of	licers and/or director	rs.	
12	Signature of Director or Officer			
are true a	cer or director signing this document (and who is listed in number 11 above) affirment that he or she is aware that false information submitted in a document to the Liegree felony as provided for in s.817.155, F.S.			
13. Fran	ak Stronach, President and Secretary			
	(Typed or printed name and capacity of person signing application	n)		

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Page I

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FM MEATS GP INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTH DAY OF JULY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202837467

Date: 07-06-17

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SR# 20175113210