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PICK-UP	WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



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17 SEP 27 FII 4: 41

FILED 17 SEP 27 AH 10: 09 CORPORATION SERVICE COMPANY 1201 Hays Street

XXXX QUALIFICATION (TYPE: CO)

Tallhassee, FL 32301 Phone: 850-558-1500

Phone: 850-55	8-1500	
	ACCOUNT NO. : 120000000195 REFERENCE : 836859 7446817 AUTHORIZATION : Taxable Market Cost Limit : (\$70.00	
ORDER DATE : ORDER TIME : ORDER NO. : CUSTOMER NO:	836859-005	
_ + • •	FOREIGN FILINGS	•
NAME:	ACCESS RESTORATION SERVICES US, INC.	

PLEASE	RETURN TI	HE FOLLOWI	NG AS	PROOF	OF	FILING:		
XX		ED COPY TAMPED COP CATE OF GO	_	ANDING				
CONTACT	PERSON:	Melissa	Zende:	r E)	KT#	62956		
				EXA	INI	ER:	 	_

COVER LETTER

TO: Registration Section Division of Corporations	
Access Restoration Services US, Inc. SUBJECT:	
	ntion - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good above referenced foreign corporation to transact but	
Please return all correspondence concerning this m	atter to the following:
Andrew Cumming	
Nam	e of Person
Cumming & Partners LLP	
Firm/	Company
St. Clair Avenue East Ste 901	
A	Address
Toronto, ON M4T 2T5	
City/Sta	ate and Zip code
acumming@canada-usa.com	
E-mail address: (to be u.	sed for future annual report notification)
For further information concerning this matter, plea	ase call:
Andrew Cumming 416	943-4712
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 & ☐ \$87.50 Filing Fee, 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. Access Restoration Services US, 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) Delaware 2. (State or country under the law of which it is incorporated) (FEI number, if applicable) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 515 E Las Olas Boulevard, Suite 120, Fort Lauderdale, FL 33301 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: Tallahassee (City) 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. Melissa Zender Corporation Service Company

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.

Asst. Vice President

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Vice Chairman: Address: _____ Joseph Gagliano Director: 515 E Las Olas Boulevard, Suite 120, Fort Lauderdale, FL 33301 Address: _ Director: Domenic Gagliano Address: 515 E Las Olas Boulevard, Suite 120, Fort Lauderdale, FL 33301 B. OFFICERS Joseph Gagliano President: 515 E Las Olas Boulevard, Suite 120, Fort Lauderdale, FL 33301 Address: ____ Vice President: Domenic Gagliano 515 E Las Olas Boulevard, Suite 120, Fort Lauderdale, FL 33301 Address: Joseph Gagliano Secretary: 515 E Las Olas Boulevard, Suite 120, Fort Lauderdale, FL 33301 Address: ___ Domenic Gagliano Treasurer: _ 515 E Las Olas Boulevard, Suite 120, Fort Lauderdale, FL 3330+ Address: ___ NOTE: If necessary, you may attach an addengum to the application listing additional officers and/or directors. 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

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

a third degree felony as provided for in s.817.155, F.S.



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ACCESS RESTORATION SERVICES US, 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 TWENTY-SEVENTH DAY OF

SEPTEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ACCESS

RESTORATION SERVICES US, INC." WAS INCORPORATED ON THE EIGHTEENTH

DAY OF SEPTEMBER, A.D. 2017.

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

Authentication: 203299213

Date: 09-27-17

6547252 8300 SR# 20176356581