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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

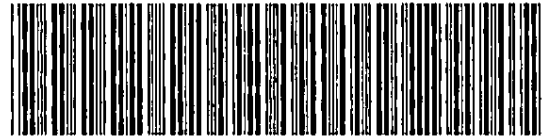
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: UMANO MEDICAL 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:

VINCENT ALLARD

Name of Person

CORPOMAX INC.

Firm/Company

2915 OGLETOWN RD

Address

NEWARK, DE 19713

City/State and Zip code

INFO@CORPOMAX.COM

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

For further information concerning this matter, please call:

VINCENT ALLARD

302 266-8200

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

**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. UMANO MEDICAL 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. 98-1259541
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. OCTOBER 5, 2011 5. PERPETUAL
(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. 230 BOUL. NILUS-LECLERC, L'ISLET, QC G0R2C0, CANADA
(Principal office address)
- _____
(Current mailing address, if different)

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

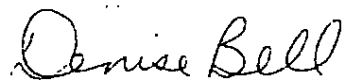
Name: NRAI SERVICES, INC.

Office Address: 1200 SOUTH PINE ISLAND ROAD

PLANTATION, Florida 33324
(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.



Denise Bell, Asst Secretary

(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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CLERK OF COURT
CLERK OF COURT

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

A. DIRECTORS

Chairman: CHRISTIAN CARIOU

Address: 230 BOUL. NILUS-LECLERC, L'ISLET, QC G0R2C0, CANADA

Vice Chairman: GHISLAIN DEMERS

Address: 230 BOUL. NILUS-LECLERC, L'ISLET, QC G0R2C0, CANADA

Director: ROBERT DION

Address: 230 BOUL. NILUS-LECLERC, L'ISLET, QC G0R2C0, CANADA

Director: DENIS BOURGAULT

Address: 230 BOUL. NILUS-LECLERC, L'ISLET, QC G0R2C0, CANADA

B. OFFICERS

President: CHRISTIAN CARIOU

Address: 230 BOUL. NILUS-LECLERC, L'ISLET, QC G0R2C0, CANADA

Vice President: ROBERT DION

Address: 230 BOUL. NILUS-LECLERC, L'ISLET, QC G0R2C0, CANADA

Secretary: DENIS BOURGAULT

Address: 230 BOUL. NILUS-LECLERC, L'ISLET, QC G0R2C0, CANADA

Treasurer: ROBERT DION

Address: 230 BOUL. NILUS-LECLERC, L'ISLET, QC G0R2C0, CANADA

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. DENIS BOURGAULT, SECRETARY

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

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STATE DEPT
CANADA



Certificate of Compliance

Canada Business Corporations Act
s. 263.1

Certificat de conformité

Loi canadienne sur les sociétés par actions
art. 263.1

UMANO MEDICAL INC.

Corporate name / Dénomination sociale

799216-5

Corporation number / Numéro de société

I HEREBY CERTIFY that the corporation
named above:

- exists under the *Canada Business Corporations Act*;
- has filed the required annual returns; and
- has paid all prescribed fees required.

JE CERTIFIE, par la présente, que la société ci-
dessus mentionnée :

- existe en vertu de la *Loi canadienne sur les sociétés par actions*;
- a déposé les rapports annuels exigés; et
- a acquitté les droits prescrits.

Virginie Ethier

Director / Directeur

2017-09-21

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