### F17000004882

(Reques	stor's Name)
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PICK-UP	WAIT MAIL
(Busine	ss Entity Name)
(Ďocum	ent Number)
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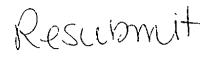


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SECRETARY OF STATE

17 OCT 19 FH 1: 24





### FLORIDA DEPARTMENT OF STATE Division of Corporations

October 31, 2017

CSC

SUBJECT: ROCKY ISLAND PROPERTIES INC.

Ref. Number: W17000086945

RESUBLE.

Please give origina:

We have received your document for ROCKY ISLAND PROPERTIES INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II Supervisor
Registration/Qualification Section

Letter Number: 017A00021951

CORPORATION SERVICE COMPANY
1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 875666 7341870

AUTHORIZATION : Synell Bleman

COST LIMIT : \$ 70'.00

ORDER DATE: October 19, 2017

ORDER TIME : 12:16 PM

ORDER NO. : 875666-005

CUSTOMER NO: 7341870

### FOREIGN FILINGS

NAME: CEDARS INVESTMENTS INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XXX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

### 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. Cedars Investments Inc. ١. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "lnc.," "Co.," "Corp," "Inc," "Co," or "Corp.") Rocky Island Properties Inc. (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) New Brunswick (Canada) (FEI number, if applicable) (State or country under the law of which it is incorporated) (Date of duration, if other than perpetual) (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) 8 John Street, Rothesay, NB E2E 6C6 (Principal office address) Post Office Box 4792 Rothesay NB E2E 5X5 (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 , Florida (City) (Zip code) 9. Registered agent's acceptance: Having been named us 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, Roxanne Turner Corporation Service Company Asst. Vice President (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.

11. Names and business addresses of officers and/or directors:
A. DIRECTORS
Chairman:
Address:
Vice Chairman:
Address:
Margaret F Case  Director:
Post Office Box 4792 Rothcsay, NB, E2E 5X5, Canada Address:
A. David Case Director:
Post Office Box 4792 Rothesay, NB, E2E 5X5, Canada Address:
B. OFFICERS
A. David Case
President:  Post Office Box 4792 Rothesay, NB, E2E 5X5, Canada  Address:  President:  Post Office Box 4792 Rothesay, NB, E2E 5X5, Canada
>
Margaret F. Case  Vice President:
Post Office Box 4792 Rothesay, NB, E2E 5X5, Canada Address:
Audicss.
Anna Marie Hutton
Post Office Box 4792 Rothesay, NB, E2E 5X5, Canada
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.
A. David Case, President
(Typed or printed name and capacity of person signing application)



## CANADA PROVINCE OF NEW BRUNSWICK BUSINESS CORPORATIONS ACT CERTIFICATE

I HEREBY CERTIFY that according to the records under the Business Corporations Act,

# CANADA PROVINCE DU NOUVEAU-BRUNSWICK LOI SUR LES CORPORATIONS COMMERCIALES CERTIFICAT

JE CERTIFIE par la présente que d'après les livres en vertu de la Loi sur les corporations commerciales,

EDARS INVESTMENTS INC.	(#057293)

was incorporated (or continued under this Act) on the 7th day of June, 1994.		a été constituée en corporation (ou prorogée en vertu de la présente Loi) le <u>Tième jour de juin 1994.</u>
I CERTIFY FURTHER that according to the said records the above corporation has not been dissolved.	X	JE CERTIFIE ÉGALEMENT que, d'après lesdits livres, la corporation ci-dessus n'a pas été dissoute.
I CERTIFY FURTHER that according to the said records a Certificate of Dissolution was issued on the		JE CERTIFIE ÉGALEMENT que, d'après lesdits livres, un certificat de dissolution a été délivré le
I CERTIFY FURTHER that according to the said records a Notice of Satisfaction pertaining to the proposed continuance of the corporation to another jurisdiction was issued on the		JE CERTIFIE ÉGALEMENT que, d'après lesdits livres, un avis de satisfaction concernant la prorogation proposée de la corporation vers un autre territoire a été émis le
CERTIFIED under my hand at Fredericton, New Brunswick		CERTIFIÉ par le soussigné à Fredericton, Nouveau-Brunswick

Director Director

Year/Année - Month/Mois - Day/Jour

22

60

2017