# F1700000 4902

(Re	equestor's Name)						
(Ac	idress)						
(Ac	idress)						
(City/State/Zip/Phone #)							
PICK-UP	☐ WAIT	MAIL					
(Bı	isiness Entity Nan	ne)					
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							





000305191510

2817 NGV - 1 All 8: 26

WOV O? 2017 J. HARRIS CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 892220 7418214

AUTHORIZATION: Sypello Scenar

COST LIMIT : \$ 70.00

ORDER DATE: October 31, 2017

ORDER TIME : 11:24 AM

ORDER NO. : 892220-035

CUSTOMER NO: 7418214

#### FOREIGN FILINGS

NAME: CN WORLDWIDE INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

### **COVER LETTER**

TO:	Registration Section Division of Corporations				
	CN WORLDWIDE INC.				
SUBJI	ECT:Name of corporat	ion - mu	st include suffix		
Dear S	ir or Madam:				
"Certif	closed "Application by Foreign Corporation licate of Existence," or "Certificate of Good Streferenced foreign corporation to transact but	Standing	and check are subn	Business in Florida,"   nitted to register the	
Please	return all correspondence concerning this ma	atter to th	e following:		
	cretary's Office				
	Name	of Perso	n		
CN					
	Firm/C	Company	······································		
935 de	la Gauchetiere St. W., 16 Floor				
	A	ddress			
Montre	eal, Quebec 113B 2M9 Canada			<u> </u>	
	City/Sta	ite and Z	p code		
ben.bl	air@cn.ca				
	E-mail address: (to be u	sed for fu	ture annual report n	otification)	
For fu	orther information concerning this matter, ple	ase call:			
	at (	)			
	Name of Person Area	Code	Daytime Teleph	none 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		
Enclo	osed is a check for the following amount:				
□ \$7	70.00 Filing Fee		8.75 Filing Fee & ertified Copy	S87.50 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. ON WORLDWIDE INC. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") N/A (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (FEI number, if applicable) (State or country under the law of which it is incorporated) **OCTOBER 5, 2009** (Date of duration, if other than perpetual) (Date of incorporation) DATE OF REGISTRATION (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 17641 South Ashland Avenue, Homewood, IL 60430 USA (Principal office address) C/o Secretary's Office: 935 de la Gauchetiere St. W., 16 Floor, Montreal, QC H3B 2M9 Canada (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 (Zip code) (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. Roxanne Turner Asst. Vice President Corporation Service Company (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.

I. Names an	d business addresses of officers and/or directors:			
. DIRECTO	ORS			
n a nairman:				<u> </u>
idress:				
<u> </u>				<del> </del>
e Chairman:	n/a			<del> </del>
dress:		, <del></del>		<u> </u>
			<u>.</u>	<u> </u>
Gille	s B. Legault	_		<u> </u>
935	de la Gauchetiere St. W., 16 Floor, Montreal, QC H3B 2M9 Canada			
			. <u></u> .	1 
Вегг	nd Beyer			ļ ————
935	de la Gauchetiere St. W., 8 Floor, Montreal, QC H3B 2M9 Canada			
idress:				
OFFICE Pai	ul Tonsager			
158	40 West Avenue, Harvey, IL 60426 USA			
ddress:	40 (12.7)	<del></del>	<u> </u>	,
	Lonny A. Kubas			1
ice President 500	Zhang Yang Road, 26B Times Square, Pudong 020, China 200122	,7'	29	
ddress:				i .
	illes B. Legault	• .	- <del></del> -	
cretary:	de la Gauchetiere St. W., 16 Floor, Montreal, QC H3B 2M9 Canada		371	1
ddress:	ernd Beyer	a	က် - <del>နှင့် -</del>	<del>†</del>
reasurer:	de la Gauchetiere St. W., 8 Floor, Montreal, QC H3B 2M9 Canada		23 23	
.ddress:			<u></u>	<u> </u>
	ecessary, you may attach an addendum to the application listing additional offi	cers and/or d	irectors.	
2	Signature of Director or Officer	de la constantina fono	ta atatod	barain
re true and	or director signing this document (and who is listed in number 11 above) affirm that he or she is aware that false information submitted in a document to the Detection of the provided for in s.817.155, F.S.	is that the fac epartment of	is stated State con	istitutes
Gilles B	. Legault, Secretary			
13	(Typed or printed name and capacity of person signing application	)		

## **Certificate of Compliance**

Certificat de conformité

Canada Business Corporations Act s. 263.1

Loi canadienne sur les sociétés par actions art. 263.1

CN WorldWide Inc.

Corporate name / Dénomination sociale

725419-9

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 cidessus 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

Lugar Chan

Director / Directeur

2017-10-06

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