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FEB 13 2018 J. HARRIS

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: GEOSAM CAPITAL US FINANCE	INC.
	- must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Stan above referenced foreign corporation to transact busine	iding" and check are submitted to register the
Please return all correspondence concerning this matter	to the following:
STACEY ROCHE	
Name of l	Person
GEOSAM CAPITAL	
Firm/Com	pany
145 HOBSONS LAKE DRIVE, SUITE 400	
Addre	ess
HALIFAX, NS B3S 0H9 (CANADA)	
City/State a	nd Zip code
SROCHE@GEOSAM.CA	
E-mail address: (to be used f	for future annual report notification)
For further information concerning this matter, please c	call:
JAMES STOWERS at ( 386	) 428-8448
Name of Person Area Code	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Tallahassee. FL 32301  Enclosed is a check for the following amount:	Turking see, Tr. 32317
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ Certificate of Status	I \$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy

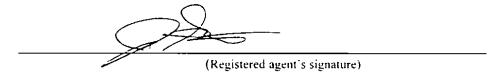
## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.	<b>GEOSAM CA</b>	PITAL US FINANCE INC.					
	(Enter name of corporation: must include "INCORPORATED." "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc," "Co," or "Corp.")						
	(If name unavaila	able in Florida, enter alternate corporate nan	ne a	dopted for the purpose of transacting bu	siness in	Florida)	
2.	DELAWARE		3.	82-2899604			
	(State or countr	tate or country under the law of which it is incorporated		(FEI number, if applicable)			
4.	SEPTEMBER	R 22, 2017	5.				
		of incorporation)		(Date of duration, if other than	perpetua	1)	
6.							
				Florida, if prior to registration) 02, F.S., to determine penalty liability)			
		·		, , ,			
7.	424 LUNA [	BELLA LANE, SUITE 122, NEW S		'RNA BEACH, FL 32168  al office address)			
		,	•	·			
	424 LUNA E	BELLA LANE, SUITE 122, NEW S				<u>\sigma_2</u>	
		(Current ma	ilin	g address, if different)		<u>:=:</u> ;	
						,	
8.	Name and street	et address of Florida registered agent: (	P.C	. Box <u>NOT</u> acceptable)		 (-)	
	Name:	JAMES STOWERS					
		424 LINE DELLA LANE CUTT		<del></del>	•	25 29 49	
O:	ffice Address:	424 LUNA BELLA LANE, SUITE	<u>: I.</u>	<u></u>	•	 جي	
		NEW SMYRNA BEACH		, Florida <u>32168</u>	•	Ç	
		(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.



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.

• •	and business addresses of officers and/or directors.		
A. DIREC			
Chairman: C	GEORGE ARMOYAN		
Address: 14	45 HOBSONS LAKE DR, SUITE 400		
Н	IALIFAX. NS B3S0H9 CA		
Vice Chairma	nan:		
Address:			
Director: D	DAVID SHAHINIAN		
Address: 42	24 LUNA BELLA LANE. SUITE 122		
N	EW SMYRNA BEACH, FL 32168		
Director: M	MARTIN PHAM		
Address: 42	24 LUNA BELLA LANE. SUITE 122		
NI	EW SMYRNA BEACH, FL 32168		
B. OFFIC	ERS		
President: G	GEORGE ARMOYAN	<del></del>	
Address: 14	45 HOBSONS LAKE DR., SUITE 400		
<u>H</u> 2	ALIFAX, NS B3S0H9 CA	.j <u>→                                    </u>	·
Vice Preside	ent: ROBERT JEFFERY	. <i>.</i>	
Address: 14	45 HOBSONS LAKE DR., SUITE 400	<u></u>	
<u>H.</u>		ና. ን ር. ኦ	
Secretary: H	HRIPSIME ARMOYAN		
Address: 1	45 HOBSONS LAKE DR., STE 400, HALIFAX, NS B3S0H9 CA		
Treasurer: _			
Address:			
NOTE: If:	necessary, you may attach an addendum to the application listing additional officers and/or direc	tors.	
12	Signature of Director or Officer		
The officer are true and	or director signing this document (and who is listed in number 11 above) affirms that the facts stated that he or she is aware that false information submitted in a document to the Department of States ree felony as provided for in s.817.155, F.S.		
13			
	(Typed or printed name and capacity of person signing application)		



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

DELAWARE, DO HEREBY CERTIFY "GEOSAM CAPITAL US FINANCE 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-NINTH DAY OF JANUARY,

A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GEOSAM CAPITAL

US FINANCE INC." WAS INCORPORATED ON THE TWENTY-SECOND DAY OF

SEPTEMBER, A.D. 2017.

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

Authentication: 202048018

Date: 01-29-18