

F18000002426

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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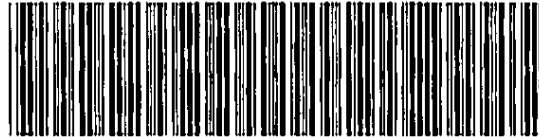
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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K SAI Y  
MAY 23 2018

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CCA Management 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:

Derek Breen

\_\_\_\_\_  
Name of Person

Breen Accounting & Tax Service Inc

\_\_\_\_\_  
Firm/Company

3359 W Vine St Suite 104

\_\_\_\_\_  
Address

Kissimmee FL 34741

\_\_\_\_\_  
City/State and Zip code

dbreen@ftaxservice.com

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

For further information concerning this matter, please call:

Derek Breen

407 931-2344 ext 303  
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.*

CCA MANAGEMENT INC.

1. \_\_\_\_\_  
(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)

Newfoundland & Labrador, CANADA

2. \_\_\_\_\_ 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

April 19, 1991

4. \_\_\_\_\_ 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

January 1, 2018

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

1441 Moon Valley Drive, Davenport, Florida, 33896

7. \_\_\_\_\_  
(Principal office address)

c/o Breen Accounting & Tax Service Inc., 3359 W Vine St., #104, Kissimmee, FL 34741

(Current mailing address, if different)

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

Name: Derek Breen

Office Address: 3359 W Vine St., Suite 104

Kissimmee 34741  
\_\_\_\_\_, Florida \_\_\_\_\_  
(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.*

Derek Breen

(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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18  
CLERK OF THE  
STATE  
OF FLORIDA

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

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Alton Goobie

Address: 2 SW Arm Hwy NW Brook

A0E 2PZ NL CANADA

Vice President: Allister Goobie

Address: 4 SW Arm Hwy NW Brook

A0E 2PZ NL CANADA

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. Allister Goobie

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. Allister Goobie Vice President

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

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STATE  
CLERK

I HEREBY CERTIFY that this is a true copy  
of a document registered in the Registry of  
Companies for the Province of Newfoundland  
and Labrador on the

19 day of April, 1991

Registrar of Companies (NL)

Dated at St. John's, NL this

26 day of February, 2018



NEWFOUNDLAND

THE CORPORATIONS ACT

FORM 1

ARTICLES OF INCORPORATION

(Sections 15, 419, 461, 466, 488)

REGISTRY OF COMPANIES

Reg. No. 28214-91

Filed April 19/91

Paper No. 007284

Fee Paid 250.00 Rec. No. 460917

for S. W. White  
Registrar of Companies (Nfld.)

REGISTERED

1 - Name of Corporation

CCA MANAGEMENT INC.

2 - The place in Newfoundland where the registered office is to be situated

CLARENVILLE NF P.O. Box 1285 AOE 1J0

3 - The classes and any maximum number of shares that the corporation is authorized to issue

COMMON 100 in number

4 - Restrictions if any on share transfers

none

5 - Number (or minimum and maximum number) of directors

one

6 - Restrictions if any on business the corporation may carry on

none

7 - Other provisions if any

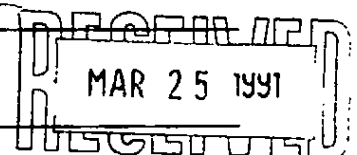
8 - Incorporators

Alton Goobie

Names	Address (Include Postal Code)	Signature
Alton Goobie	Box 218, Queen's Cove NF AOE 2A0	<i>Alton Goobie</i>

For Department use only

Corporation No. -





NEWFOUNDLAND

THE CORPORATIONS ACT

FORM 2

CERTIFICATE OF INCORPORATION

(Section 18)

CCA MANAGEMENT INC.

Name of Corporation

28214-91

Number

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18 MAY 21 PM 1:06  
SECRETARY OF STATE  
HALLMARK BUILDING

I certify that the Corporation, the Articles of Incorporation of which are attached, was incorporated under *The Corporations Act*.

Registrar

Date of Incorporation

*William P. Gilles*

Fee: \$250.00  
The Co.

April 19, 1991

