

F1800005162

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

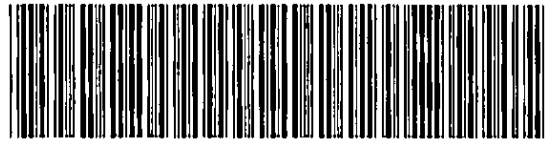
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/23/18--01026--002 **76.75

10/23/18 10:00 AM

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pancap Pharma 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:

Nancy Gomez

Name of Person

Methapharm, Inc

Firm/Company

11772 W Sample Road, Suite 101

Address

Coral Springs, Florida 33065

City/State and Zip code

ngomez@methapharm.com

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

For further information concerning this matter, please call:

Nancy Gomez

954

341 0795

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. Pancap Pharma 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. Ontario, Canada 3. 835-156-282
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. December 16 2011 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. N/A
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 50 Valleywood Drive Unit 6 Markham Ontario Canada L3R-6E9
(Principal office address)
- _____
(Current mailing address, if different)

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

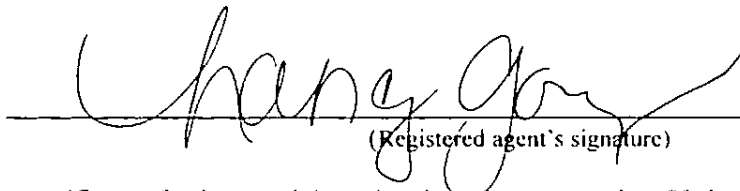
Name: Methapharm, Inc

Office Address: 11772 West Sample Road, Suite 101

Coral Springs, Florida 33065
(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.


(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: John Mikhail

Address: 50 Valleywood Dr. Unit 6 Markham, Ontario L3R 6E9

Vice Chairman: Louis Mikhail

Address: 100 Ouellette, Windsor, Ontario N9A 6T3

Suite 700

Director: Joseph Mikhail

Address: 100 Ouellette, Windsor, Ontario N9A 6T3

Suite 700

Director: _____

Address: _____

B. OFFICERS

President: John Mikhail

Address: 50 Valleywood Drive Unit 6 Markham, Ontario Canada L3R-6E9

Vice President: _____

Address: _____

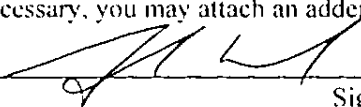
Secretary: Joseph Mikhail

Address: 100 Ouellette, Windsor, Ontario N9A 6T3

Treasurer: Louis Mikhail

Address: 100 Ouellette, Windsor, Ontario N9A 6T3

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. John Mikhail, President
(Typed or printed name and capacity of person signing application)

Request ID: 022250742
Demande n° :
Transaction ID: 69640471
Transaction n° :
Category ID: CT
Catégorie :

Province of Ontario
Province de l'Ontario
Ministry of Government Services
Ministère des Services gouvernementaux

Date Report Produced: 2018/10/17
Document produit le :
Time Report Produced: 15:23:32
Imprimé à :

CERTIFICATE OF STATUS ATTESTATION DU STATUT JURIDIQUE

This is to certify that according to the records of the Ministry of Government Services

D'après les dossiers du Ministère des Services gouvernementaux, nous attestons que la société

P A N C A P P H A R M A I N C .

Ontario Corporation Number

Numéro matricule de la société (Ontario)

0 0 2 3 0 9 9 9 8

is a corporation incorporated,
amalgamated or continued under
the laws of the Province of Ontario.

est une société constituée, prorogée ou née
d'une fusion aux termes des lois de la
Province de l'Ontario.

The corporation came into existence on

La société a été fondée le

D E C E M B E R 1 6 D É C E M B R E , 2 0 1 1

and has not been dissolved.

et n'est pas dissoute.

Dated

Fait le

O C T O B E R 1 7 O C T O B R E , 2 0 1 8



Director
Directeur