F19000000337

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



700323368627



K SALY

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

1/17/19

NAME: BODYCAD USA CORP

TYPE OF FILING: APPLICATION

COST:

87.50

RETURN: CERTIFIED COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE COSSICE HOOK

COVER LETTER

TO:	Registration Section Division of Corporations							
SUBJ	BODYCAD USA C	ORP.						
30 D 0	<u> </u>	Name of corporat	ion - m	ust include suffix				
Dear S	ir or Madam:							
"Certif	closed "Application by Fo Ticate of Existence," or "Coreferenced foreign corpora	ertificate of Good S	itandin	g" and check are subm				
	return all correspondence STEADMAN	concerning this ma	tter to	the following:				
		Name	of Per	son				
BODY	CAD LABORATORIES IN	<u> </u>						
		Firm/C	ompar	У				
2035, I	RUE DU HAUT-BORD							
		Ac	dress		· · · · · · · · · · · · · · · · · · ·			
QUÉB	EC CITY, QUÉBEC, CANA	DA, GIN 4R7						
-		City/Stat	e and 2	Zip code				
kyle@	bodycad.com							
	E-mai	l address: (to be us	ed for	future annual report no	tification)			
For fu	rther information concerni	ng this matter, plea	se call:					
KYLE STEADMAN		418	,	527-1388				
	Name of Person	at (Area (Code	Daytime Telepho	one Number			
	STREET/COURIER A Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	3		MAILING AD Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations			
Enclos	sed is a check for the follo	wing amount:						
☐ \$ 70		.75 Filing Fee & rtificate of Status		78.75 Filing Fee & ertified 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.

(If name unavail:	able in Florida, enter alternate corporate nam	me adopted for the purpose of transacting business in Flo	orida)
DELAWARE		47-1819067 3.	
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)	
08-26-2014		5	
(Date	of incorporation)	5. (Date of duration, if other than perpetual)	
01-01-2019			
	(Date first transacted busines	ss in Florida, if prior to registration)	
	(SEE SECTIONS 607.1501 & 607. Hwy NE, STE 800, ALTANTA, GA, 30338	, , , , , , , , , , , , , , , , , , ,	
	·		
	(Prir	ncipal office address)	19 JAI
·····	(Current me	ailing address, if different)	
	(Curent me	anning address, it different)	- -
Nama and etre	et address of Florida registered agent: ((P.O. Box, NOT acceptable)	
vame and <u>street</u>	Paracorp Incorporated	(i.o. box <u>i.o.t</u> acceptance)	
Name:		·	2
fice Address:	155 Office Plaza Drive, 1st Floor		79"
	Tallahassee	32301	
		, Florida (Zip code)	
	(City)	(Zib code)	

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.

•		7 PH 2:31
11. Nam	mes and business addresses of officers and/or directors: $19_{M_{\rm p}}$	14 ED
A. DIR	RECTORS $\frac{760}{760}$	7 PH 2: 2:
Chairman	JEAN ROBICHAUD	·
	150 CHEMIN TOUR-DU-LAC-TROIS-SAUMONS, SAINT AUBERT, QUÉBEC, CANADA, G0H 2R0	S. A. Only
Vice Cha	airman:	
Address:	E	
Director:	ÉLAINE BEAUDOIN	
	3170 RUE VIGNE, MONTRÉAL, QUÉBEC, CANADA, H3Y 2C4	
Director:	STEPHEN HERRINGTON	
Address:	5935 BARCLAY LANE, NAPLES, FLORIDA, 34110	
President	JEAN ROBICHAUD 150 CHEMIN TOUR-DU-LAC-TROIS-SAUMONS, SAINT AUBERT, QUÉBEC, CANADA, G0H 2R0	
Vice Pres	STEPHEN HERRINGTON esident:	
Address:	5935 BARCLAY LANE, NAPLES, FLORIDA, 34110	
Secretary	ÉLAINE BEAUDOIN ry: 3170 RUE VIGNE, MONTRÉAL, QUÉBEC, CANADA, H3Y 2C4	
	er:	
	S:	
NOTE:	: If necessary, you may attach an addendum to the application listing additional officers and/or direc	
are true a third d	Signature of Director or Officer ficer or director signing this document (and who is listed in number 11 above) affirms that the facts stee and that he or she is aware that false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S. EAN ROBICHAUD, PRESIDENT	
13.	(Typed or printed name and capacity of person signing application)	



STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 01/16/2019

ENTITY NAME: BODYCAD USA CORP.

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Leticia Herrera, Assistant Secretary

Herrery

Paracorp Incorporated



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

DELAWARE, DO HEREBY CERTIFY "BODYCAD USA CORP." 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 SIXTEENTH DAY OF JANUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BODYCAD USA CORP." WAS INCORPORATED ON THE TWENTY-FIFTH DAY OF AUGUST, A.D. 2014.

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

19 JAN 17 PH 2:31

Authentication: 202093616

Date: 01-16-19