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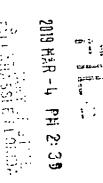
(Request	or's Name)			
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Special Instructions to Filing	Officer:			
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COVER LETTER

TO:	Registration Section Division of Corporal							
	SOLISCO PRI							
SUBJE								_
		Name of corpo	ration - r	nust include suffix				
Dear Si	r or Madam:							
"Certifi		r "Certificate of Goo	d Standir	thorization to Transac ng" and check are sub in Florida.				
	etum all corresponde NT ALLARD	ence concerning this	matter to	the following:				
		Nai	ne of Per	son				_
CORPO	MAX INC.							
		Firm	n/Compa	nv		<u> </u>		_
2915 O	CLETOWN RD		•	,		E.	2019 E.R	r=- <u>1</u>
			Address			1.		: :-
NEWA	RK, DE 19713					: ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	-	₹ 1
		City/S	tate and	Zip code		rn	3	_ ;
INFO@	CORPOMAX.COM					•	رخا	
	E	-mail address: (to be	used for	future annual report r	otification)		رب دري	_
For furt	her information conc	erning this matter, p	lease call	:		••		
VINCE	NT ALLARD	at (302	266-8200				
	Name of Person		a Code	Daytime Telep	hone Numb	er		
	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle		MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations			
Enclose	ed is a check for the f	ollowing amount:						
\$ 70	00 Filing Fee	\$78.75 Filing Fee & Certificate of Status		78.75 Filing Fee & Certified Copy		Filing ficate of fied Co	f Statu	ıs &

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.

	orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	D,	"COMPANY," "CORPORATION	
SOLISCO PRIN	TTING INC. OF CANADA			
(If name unavail:	ible in Florida, enter alternate corporate na	ne	adopted for the purpose of transacting	business in Florida)
CANADA		_		
2. (State or country	y under the law of which it is incorporated)	3.	(FEI number, if app	dicable)
JUNE 25, 1991			PERPETUAL	neadic)
4. (Date	of incorporation)	5.	(Date of duration, if other t	han perpetual)
6.				
120 10E RUE, So 7	COTT, QC G0S3G0, CANADA (Pri	ncip	oal office address)	
	(Current m	ailii	ng address, if different)	2019
-	et address of Florida registered agent: (NRAI SERVICES, INC.	[P.0	D. Box <u>NOT</u> acceptable)	
Name: Office Address:	1200 SOUTH PINE ISLAND ROAD			12 (W)
	PLANTATION		33324 , Florida	ن س
	(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.

Linda Stauffer, Assistant Secretary

(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. Nat	nes and business addresses of officers and/or directors:			
A. DIR	ECTORS			
Chairmai	·			
Vice Cha	rman:			
Address:				
				
Director:	SEE ATTACHED			
Address:		 		
Director:			<u>.</u>	
Address:				<u></u>
	<u> </u>			
B. OFF	CERS SEE ATTACHED	ृत्य	23	
President	SEE ATTACHED	144 177	1 5102	** ;
Address:		2000 2000 2000	<u> </u>	
Vice Pres	lent:		<u> </u>	
Address:		<u> </u>	۱.۲ دی د ه	
Secretary:				
Address:				
Treasurer				
				
	f necessary, you may attach an addendum to the application listing additional officers	and/or director	s.	
125	Signature of Director or Officer			
ire true a	or or director signing this document (and who is listed in number 11 above) affirms that did that he or she is aware that false information submitted in a document to the Department felony as provided for in s.817.155, F.S.			
. u	MARTIN AUCLAIR, CFO			

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

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

A. DIRECTORS

Alain JACQUES	120 10E RUE, SCOTT, QC G0S3G0, CANADA
Andre HEROUX	120 10E RUE, SCOTT, QC G0S3G0, CANADA
Jocelyn POIRIER	120 10E RUE, SCOTT, QC G0S3G0, CANADA
Christian PAUPE	120 10E RUE, SCOTT, QC G0S3G0, CANADA
Claude ROUSSEAU	120 10E RUE, SCOTT, QC G0S3G0, CANADA

B. OFFICERS

Alain JACQUES, President	120 10E RUE, SCOTT, QC G0S3G0, CANADA
Alain JACQUES, Secretary	120 10E RUE, SCOTT, QC G0S3G0, CANADA
Martin AUCLAIR, CFO	120 10E RUE, SCOTT, QC G0S3G0, CANADA

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Certificate of Compliance

Certificat de conformité

Canada Business Corporations Act s. 263.1 Loi canadienne sur les sociétés par actions art. 263.1

IMPRIMERIE SOLISCO INC. SOLISCO PRINTING INC.

Corporate name / Dénomination sociale

272753-6

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.

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Raymond Edwards

Director / Directeur

2019-03-01

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

