FIGDOC	1003289
(Requestor's Name) (Address)	900332033749
(Address) (City/State/Zip/Phone #)	
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	19 JUL 16 AM 10: 50
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Office Use Only	
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JUL 1 7 2019

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

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	ACCOUNT	NO.	:	I20000000195
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AUTHORIZATION

REFERENCE : 838840 7963105 enas COST LIMIT : Ś

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ORDER DATE : July 11, 2019

ORDER TIME : 5:30 PM

- ORDER NO. : 838840-005
- CUSTOMER NO: 7963105

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#### FOREIGN FILINGS

NAME: TECHINSIGHTS USA INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_ CERTIFIED COPY XX PLAIN STAMPED COPY XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER:

### **COVER LETTER**

TO: Registration Section Division of Corporations

TechInsights USA Inc.

SUBJECT: \_\_\_\_\_

-

•

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: Andrew Millen

	Name of I	Person	
TechInsights USA Inc. c/o TechInsights Inc.			
······································	Firm/Com	pany	
1891 Robertson Road, Suite 500			
	Addre	55	
Ottawa, ON, Canada K2H 5B7			
	City/State ar	id Zip code	·
amillen@techinsights.com			
E-mail address:	(to be used f	or future annual report	notification)
For further information concerning this ma	itter, please c	all:	
Andrew Millen	613 nt (	576-0248 )	
Name of Person	Area Codo	Daytime Telep	phone Number
STREET/COURIER ADDRESS		MAILING A	DDRFSS-
Registration Section	•	Registration S	
Division of Corporations		Division of C	
Clifton Building		P.O. Box 632	7
2661 Executive Center Circle Tallahassee, FL 32301		Tallahassee, I	71, 32314
Enclosed is a check for the following amou	mt:		
□ \$70.00 Filing Fee ■ \$78.75 Filing Certificate of		\$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.

<ol> <li>(Enter name of c "Inc.," "Co.," "C</li> </ol>	orporation; must include "INCORPORATED." " orp." "Inc." "Co." or "Corp.")	COMPANY," "CORPORATION."	
TI USA Inc.			
(If name unavaila	able in Florida, enter alternate corporate name ado	pted for the purpose of transacting busir	ess in Florida)
Texas	. 74	2964766	
	y under the law of which it is incorporated)	(FEI number, if applicabl	c)
(Date	of incorporation)	(Date of duration, if other than pe	erpetual)
N/A 6			
- 808 Commer	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502) ce Park Dr, Ogdensburg, NY 13669-2	. F.S., to determine penalty liability)	
7.000 000000	·	Difice address)	 
808 Commerce P	ark Dr. Ogdensburg, NY 13669-2208		
	(Current mailing a	ddress, if different)	
8. Name and stree	and the second state of th	Box <u>NOT</u> acceptable)	.1 <sup>11</sup> 15
Name:	Corporation Service Company	_	
Office Address:	1201 Hays Street		
	Tallahassee	32301 , 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.

Roxanne Turner Corporation Service Company Asst. Vice President B١ (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:

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RECTORS Gavin Carter an:	
1891 Robertson Road, Suite 500, Ottawa ON Canada K2H 5B7	
oirman:	
i:	
Andrew Millen	
1891 Robertson Road, Suite 500, Ottawa ON Canada K2H 5B7	
r:	
:	له ۲۲ م. ۲. ر
FICERS Gavin Carter	
1891 Robertson Road, Suite 500, Ottawa ON Canada K2H 5B7	
Chief Financial Officer: Andrew Millen esident:	
1891 Robertson Road, Suite 500, Ottawa ON Canada K2H 5B7	
Janet Lorimer	
1891 Robertson Road, Suite 500, Ottawa ON Canada K2H 5B7	
NT	
: If necessary, you may attach an addendum to the application listing additional or indrew Millen, Director	officers and/or directors.
Signature of Director or Officer icer or director signing this document (and who is listed in number 11 above) affi and that he or she is aware that false information submitted in a document to the degree felony as provided for in s.817.155. F.S.	
drew Millen, Chief Financial Officer	

(Typed or printed na and capacity of person signing application) Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



# Office of the Secretary of State

## **Certificate of Fact**

The undersigned, as Deputy Secretary of State of Texas, does hereby certify that the document, Articles Of Incorporation for TechInsights USA Inc. (file number 158732300), a Domestic For-Profit Corporation, was filed in this office on June 20, 2000.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on July 11, 2019.



Jose A. Esparza Deputy Secretary of State