Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : 120180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Rma i i	Address:		

## FOREIGN PROFIT/NONPROFIT CORPORATION

## 8538824 Canada Corp

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To: 18506176383 From: 12143052508 Date: 09/24/19 Time: 10:16 AM Page: 02/04

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## 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. 8538824 Canada Cerp (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 Horida) ! I Canadian Federal Corporation (State or country under the law of which it is incorporated) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 11451 NW 36 Ave Miami FL 33167 (Principal office address) (Current mailing address, if eifterent) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Oksana Moore Name: 11451 NW 36 Ave

## 9. Registered agent's acceptance:

Miami

(City)

Office Address:

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.

, Florida

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

A. DIRI	ECTORS		
Chairman	n:	TA (5 78	
Address:		<u> </u>	
		SEA SEA	TI
Vice Chai	Airman:	24 P	<u></u>
Address:		E. 1.0	· · · · · · · · · · · · · · · · · · ·
Director:	Michael Shvartsman	7015 3.1.E	
	11451 NW 36 Ave Miami FL 33167	·	<del></del>
Director			
			n. 3.
B. OFF	FICERS		
President	N:		
Address:			
Vice Pres	esident:		
Address:	·		
Sporotury	у:		
Treasurer			
Address:			
NOTE:	: If necessary, you may attach an addendum to the application listing additional offi	cers and/or d	lirectors.
12.	Signature of Director or Officer	. , .	
are true	ficer or director signing this document (and who is listed in number 11 above) affirm and that he or she is aware that false information submitted in a document to the Dodegree felony as provided for in s.817.155, F.S.	is that the fac epartment of	stated herein State constitutes
13. Mic	ichael Shvartsman Director		·
	(Typed or printed name and capacity of person signing application	)	

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Innovation, Science and Economic Development Canada Dévelopment economicus Canada Capareno Canada Capareno Canada

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	Corporate name i	Dénomination sociale	JA	ി ന	
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	Corporation numb	per / Numéro de société			
I HEREBY CERTIFY that named above was in exist Canada Business Corpora 09-23 (YYYY-MM-DD).	ence under the	ci-dessus menti	par la présente, d lonnée existait e sur les sociétés AAAA-MM-JJ).	n vertu c	le la
	R &	stricina			
	Raymor	nd Edwards			
	Director / Directeur 2019-09-23				
-	Issuance date	(YYYY-MM-DD)			
	Date d'emissi	on (AAAA-MM-JJ)			