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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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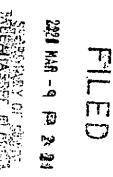
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MAR 13 2001 T. LETZEUX ATTORNEYS: C. D. LEWIS, JR. LEE H. MASSEY



Tel: (407) 892-5138 Fax: (407) 892-1534

www.LewisMassevLaw.com

1021 MASSACHUSETTS AVENUE • ST. CLOUD, FLORIDA 34769 P.O. Box 701654 • St. Cloud, Florida 34770-1654

March 6, 2020

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Ste. 810 Tallahassee, FL 32303 Via FedEx (850) 245-6000

RE: CANAM REMARKETING (USA) INC.

Dear Sir or Madam:

I represent Mr. David W. Raymond regarding the above-referenced corporation. In that regard, enclosed please find the following documents:

- 1. Cover Letter
- Application By Foreign Corporation for Authorization to Transact Business in Florida; and
- 3. Certificate of Status from Delaware

I have enclosed a check for \$87.50 to cover the filing fees and a certificate of status. I have enclosed a self-addressed, stamped envelope for use in returning the processed documents. I appreciate your attention to this matter and if you have any questions or need anything further, please do not hesitate to contact me.

Very truly yours,

Lee H. Massey

LHM/mlh

Enclosures

cc: Mr. Bruce Jewer (Via Email) and Mr. David W. Raymond (Via Email)

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	ECT: CANAM REMARKETING (U	SA) INC.		
		corporation	- must include suffix	
Dear S	ir or Madam:			
"Certif	closed "Application by Foreign Corplete of Existence." or "Certificate of referenced foreign corporation to transferenced	f Good Stan	ding" and check are submitt	
Please	return all correspondence concerning	g this matter	to the following:	
Lee H.	Massey			
		Name of	Person	
Lewis a	and Massey, P. A.			
	,,	Firm/Com	pany	
1021 N	lassachusetts Avenue			
		Addro	288	
St. Clo	ud, Florida 34769			
	1	City/State a	nd Zip code	· - · · ·
Dave.R	laymond@erinwoodford.ca			
	E-mail address: ((to be used t	or future annual report notif	ication)
For fur	ther information concerning this mat	ter, please c	all:	
David W. Raymond		905	828-1600	
	Name of Person	Area Cod		e Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			MAILING ADD Registration Secti Division of Corpo P.O. Box 6327 Tallahassee, FL. 3	on trations
Please r	ed is a check for the following amous nake check payable to: FLORIDA DEP .00 Filing Fee	PARTMENT Fee & E		\$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.

CANTANA DIDATA DE CITANO MESA VINICA

under the law of which it is incorporated.

			ss in Florida
Delaware		98-1134943	
(State or count	ry under the law of which it is incorporated)	(FEI number, if applicable))
May 30, 2019		5 perpetual	
(Dat	of incorporation)	(Date of duration, if other than perp	petual)
January 2020			
	(Date first transacted busines (SEE SECTIONS 607.1501 & 60	s in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability)	
2395 Motorway		ANADA	
	(Principal	office street address)	·
	(Current ma	iling address, if different)	
	(Current ma	iling address, if different)	-
Name and stre	(Current ma		
Name and <u>stre</u> Name: fice Address:	et address of Florida registered agent: (
Name:	et address of Florida registered agent: (i.ee H. Massey 1021 Massachusetts Avenue St. Cloud		
Name:	et address of Florida registered agent: (i.ee H. Massey 1021 Massachusetts Avenue	P.O. Box NOT acceptable)	221 HAR - 9
Name: fice Address:	et address of Florida registered agent: (i.ee H. Massey 1021 Massachusetts Avenue St. Cloud (City)	P.O. Box NOT acceptable) P.O. Box NOT acceptable)	C)
Name: fice Address: Registered ag	et address of Florida registered agent: (i.ee H. Massey 1021 Massachusetts Avenue St. Cloud (City) ent's acceptance:	P.O. Box NOT acceptable) The second	10
Name: Tee Address: Registered ag ving been nan ignated in this	et address of Florida registered agent: (i.ee H. Massey 1021 Massachusetts Avenue St. Cloud (City) ent's acceptance: ned as registered agent and to accept see application, I hereby accept the appoint	P.O. Box NOT acceptable) P.O. Box NOT acceptable) Florida 34769 (Zip code) rvice of process for the above stated corporational as registered agent and agree to acceptable.	oftion of the
Name: fice Address: Registered ag wing been nan signated in this ther agree to o	et address of Florida registered agent: (i.ee H. Massey 1021 Massachusetts Avenue St. Cloud (City) ent's acceptance: ned as registered agent and to accept see application, I hereby accept the appoint	P.O. Box NOT acceptable) P.O. Box NOT acceptable) Florida 34769 (Zip code) rvice of process for the above stated corporation as registered agent and agree to act is relative to the proper and complete performance.	afion atthe

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

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

A. DIRECTORS David W. Raymond **■**Chairman Name: □ Chairman 2395 Motorway Blvd. □Vice Chairman Address: □ Vice Chairman Address: Mississauga, Ontario L5L 1V4 Director □ Director CANADA President 🗇 President □Vice President □Vice President Secretary Treasurer ☐ Secretary ☐ Treasurer □Other _____ □Other _____ □Other ____ Other _____ □ Chairman Name: _____ Name: _____ □Chairman □Vice Chairman Address: _____ ☐ Vice Chairman Address: ___ Director. □Director □President El President □ Vice President □Vice President DSecretary. ☐Treasurer □ Secretary ☐Treasurer □Other _____ **10**0ther_____ □Other _____ □Other _____ □ Chairman Name: _____ Chairman. Name; □Vice Chairman Address: □ Vice Chairman Address: Director □Director President President □Vice President CVice President □ Secretary Li Treasurer □ Secretary ☐ Treasurer 20ther _____ □ Other _____ □Other _____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. Superaire 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

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

s.817.155, F.S.

Page 1



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

DELAWARE, DO HEREBY CERTIFY "CANAM REMARKETING (USA) INC." 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 SEVENTH DAY OF FEBRUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CANAM REMARKETING (USA) INC." WAS INCORPORATED ON THE THIRTIETH DAY OF MAY, A.D. 2019.

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

Authentication: 202344325

Date: 02-07-20

7444109 8300 SR# 20200907706