

2/10/2021

F21000001323

Florida Department of State
Electronic Filing Cover Sheet

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(((H21000057029 3)))



H210000570293ABC-

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-0821
Fax Number : (850)558-1515

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

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FOREIGN PROFIT/NONPROFIT CORPORATION DORMAKABA CANADA INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$1,020.00

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March 9, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CSC

SUBJECT: DORMAKABA CANADA INC.
REF: W21000031909

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott
Document Specialist II

FAX Aud. #: H21000057029
Letter Number: 221A00004926

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: dormakaba Canada Inc.

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:

Linda Ricci

Name of Person

dormakaba Canada Inc

Firm/Company

7301 Decarie Boulevard

Address

Montreal, Quebec H4P 2G7

City/State and Zip code

Linda.Ricci@dormakaba.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Linda Ricci

at (438) 940-0458

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32305

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

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CORPORATE
STATE
TALLAHASSEE, FL

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.

1. dormakaba Canada Inc.
(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 Florida)

2. Canada 3. 98-0353460
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 2018-01-01 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. 1/1/2018
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 7391 Decaris Boulevard, Montreal, Quebec H4P 2G7
(Principal office street address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(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.

Corporation Service Company

By: _____

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

A. DIRECTORS

☐ Chairman Name: Alex Houston
☐ Vice Chairman Address: 6161 75th Street East
☒ Director Indianapolis, IN, 46250
☒ President
☐ Vice President
☐ Secretary ☐ Treasurer
☐ Other ☐ Other

☐ Chairman Name: Sandra Heller
☐ Vice Chairman Address: 7301 Decarie Boulevard
☒ Director Montreal, Canada H4P 2G7
☐ President
☐ Vice President
☒ Secretary ☐ Treasurer
☐ Other ☐ Other

☐ Chairman Name:
☐ Vice Chairman Address:
☐ Director
☐ President
☐ Vice President
☐ Secretary ☐ Treasurer
☐ Other ☐ Other

☐ Chairman Name: Roman Uehli
☐ Vice Chairman Address: Hofwisenstrasse 24
☒ Director Rumlang, 8153 Switzerland
☐ President
☐ Vice President
☐ Secretary ☐ Treasurer
☐ Other ☐ Other

☐ Chairman Name: Michael Kincaid
☐ Vice Chairman Address: 6161 75th Street East
☐ Director Indianapolis, IN, 46250
☐ President
☒ Vice President
☐ Secretary ☐ Treasurer
☐ Other ☐ Other

☐ Chairman Name: James Mills
☐ Vice Chairman Address: 7301 Decarie Boulevard
☐ Director Montreal, Quebec H4P 2G7
☐ President
☒ Vice President
☐ Secretary ☐ Treasurer
☐ 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.

12. *Sandra Heller*
 Signature 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 s.817.155, F.S.

13. SANDRA HELLER, Secretary
 (Typed or printed name and capacity of person signing application)



Innovation, Science and
Economic Development Canada
Innovation, Sciences et
Développement économique Canada
Corporation Canada

Innovation, Science and
Economic Development Canada
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Développement économique Canada
Corporation Canada

Certificate of Compliance

*Canada Business Corporations Act
s. 263.1*

Certificat de conformité

*Loi canadienne sur les sociétés par actions
art. 263.1*

dormakaba Canada Inc.

Corporate name / Dénomination sociale

1055291-7

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 ci-
dessus 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.

R. Edwards

Raymond Edwards

Director / Directeur

2021-01-26

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

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2021 MAR -9 PM 4:57
CORPORATION
REGISTRY
QUEBEC