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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

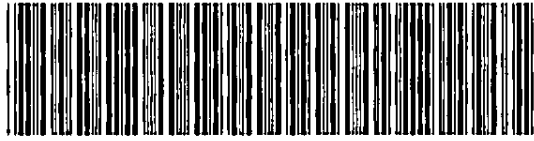
(Business Entity Name)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BOSCUS 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:

VINCENT ALLARD

CORPOMAX	Name of Person
2915 OGLETOWN ROAD	Firm/Company
NEWARK, DE 19713	Address
INFO@CORPOMAX.COM	City/State and Zip code
E-mail address: (to be used for future annual report notification)	

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For further information concerning this matter, please call:

VINCENT ALLARD	at (302)	266-8200
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 32303

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

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. BOSCUS 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 0112549
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. AUGUST 17, 1981 5.
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 900 SELKIRK AVE., POINTE-CLAIRE, QC H9H3S3, CANADA
(Principal office street address)

(Current mailing address, if different)

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

Name: NRAI SERVICES, INC.

Office Address: 1200 SOUTH PINE ISLAND ROAD

PLANTATION, Florida 33324
(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.

Denise Bell

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

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SECRETARY

A. DIRECTORS

Chairman Name: DARY LAFLAMME

Vice Chairman Address: 900 SELKIRK AVE.

Director POINTE-CLAIRE, QC H9H3S3

President CANADA

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: REJEAN PARE

Vice Chairman Address: 900 SELKIRK AVE.

Director POINTE-CLAIRE, QC H9H3S3

President CANADA

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: JOEY SAPUTO

Vice Chairman Address: 900 SELKIRK AVE.

Director POINTE-CLAIRE, QC H9H3S3

President CANADA

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: ERIC BOUCHARD

Vice Chairman Address: 900 SELKIRK AVE.

Director POINTE-CLAIRE, QC H9H3S3

President CANADA

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: RAYMOND LANDRY

Vice Chairman Address: 900 SELKIRK AVE.

Director POINTE-CLAIRE, QC H9H3S3

President CANADA

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: CHRISTIAN PROVOST

Vice Chairman Address: 900 SELKIRK AVE.

Director POINTE-CLAIRE, QC H9H3S3

President CANADA

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. _____
 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. DARY LAFLAMME, PRESIDENT
 (Typed or printed name and capacity of person signing application)



Certificate of Compliance

Canada Business Corporations Act
s. 263.1

Certificat de conformité

Loi canadienne sur les sociétés par actions
art. 263.1

BOSCUS CANADA INC.

Corporate name / Dénomination sociale

118392-3

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
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

2021-02-22

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

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REGISTRATION
CORPORATION

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