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COVER LETTER

	istration Section								
SUBJECT	GESTION PIER-OLIVIER LEONARD INC								
Name of corporation - must include suffix									
Dear Sir or	Madam:								
"Certificate		r "Certificate (of Good St	anding" a	ization to Transa and check are sub lorida.			.,	
Please return	n all correspond	ence concernin	g this mat	ter to the	following:				
SIMON B H	OWELL								
			Name o	of Person					
HOWELL IN	TERNATIONAL	L TAX				ري 171 20 نوز	2021		
-			Firm/Co	ompany					
8701 W. IRL	O BRONSON M	EMORIAL HW	Y, SUITE	00			<u>\</u>	- 1.0 Table	
	•		Ad	dress			70		
KISSIMMEI	E. FL 34747					in ⇔ Liu ini	\ ⊒£:		
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ЕММА.НО	VELL@HOWEL	LINTERNATIO	NALTAX.	COM		ш	Φ		
	F	-mail address:	(to be use	d for futu	re annual report i	notification)			
For further i	nformation con	cerning this ma	itter, pleas	e call:					
SIMON B H	OWELL	ä	407 ut (245	-7600				
Nai	ne of Person		Area C	ode	Daytime Telep	hone Number			
Reg Div The 241	REET/COURIF istration Section ision of Corpora Centre of Talla 5 N. Monroe Str ahassee, FL 32.	itions hassee reet, Suite 810	:		MAILING A Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7			
Enclosed is Please make : □ \$70.00 F	a check for the fighter than the check payable to: illing Fee	ollowing amou FLORIDA DE \$78.75 Filing Certificate of	PARTME! Fee &	□ \$78.7	CATE 75 Filing Fee & tied Copy	□ \$87.50 F Certified Certified	ite of S	Status &	

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.

L.	GESTION PIER	R-OLIVIER LEONARD INC					
		orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp,")	"COMPANY," "CORPORATION	,			
	(If name unavaila	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting	business	in Flori	da)	
2.	CANADA	3	N/A				
4.	02/18/2021	y under the law of which it is incorporated)	(FEI number, if app				
┅.	(Date	of incorporation)	(Date of duration, if other th	(Date of duration, if other than perpetual)			
7.		(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15 RD SAINT-MICHEL (Principal offic	Florida, if prior to registration) 02, F.S., to determine penalty liabilit te street address)	SECULIA DILLUIA	2021 JUL 27		
	MONTREAL, Q	UEBEC HIY 2G3. CANADA		1800 1800	7 P	ij	
	Name:	(Current mailing et address of Florida registered agent: (P.O. SIMON B HOWELL 8701 W. IRLO BRONSON MEM HWY #10		EE, FL	H 2: 09	O ·	
О	ffice Address:	KISSIMMEE					
		(City)	Florida <u>34747</u> (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.

(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.

A. DIRECTORS						
□Chairman	Name: PIER-OLIVIER LEONARD	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
Director	MONTREAL	□Director				
□President	QUEBEC HIY 2G3	□President				
□ Vice President	CANADA	□Vice President				
□Secretary	□Treasurer	□Secretary	□Treasurer			
□Other	Other	□Other	□Other			
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□ Vice Chairman	Address:			
□Director		Director				
□President		□President				
□Vice President		□Vice President				
☐ Secretary	☐ Treasurer	☐ Secretary	©⊡'Breasuryr 🚺			
□Other	Other	□Other				
			[新 9			
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		Director				
□President		□President				
□Vice President		□Vice President				
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer			
Other	□Other	□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						
	ctor signing this document (and who is listed in number alse information submitted in a document to the Depar					

s.817.155, F.S.

Certificate of Constitution

Business Corporations Act (RLRQ, CQLR c S-31.1)

I certify that the corporation

Gestion Pier-Olivier Léonard inc.

was constituted pursuant to the Business Corporations Act on February 18, 202

Filed in the register on February 19, 2021 under the Quebec enterprise number 1176272772.

Registraire des entreprises

