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(R	equestor's Name)			
(A	ddress)			
(A	ddress)			
(C	ity/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL		
(B	usiness Entity Name)			
(Document Number)				
Certified Copies	Certificates of	Status		
Special Instructions to	Filing Officer:	2009		
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AUG 23 2022

K. Brumbley

COVER LETTER

	ration Section on of Corporations			
SUBJECT:	QSancus Inc.			
	Name o	f corporation -	- must include suffix	
Dear Sir or Ma	dam:			
"Certificate of	Application by Foreign Cor Existence," or "Certificate of ed foreign corporation to tra	of Good Stand	ling" and check are sub	
Please return a	ll correspondence concernir	ng this matter i	to the following:	
Maywa Price				
		Name of P	erson	
IMAX Interna	itional, LLC			
		Firm/Comp	oany .	
P.O. Box 145	08			
		Addres	SS	
Clearwater F	FL 33766-4508			
C. Total Water, 1	2 20 700 1200	City/State an	d Zip code	
Maywa@ima	ixintl.com			
	E-mail address:	(to be used for	or future annual report i	notification)
For further info	ormation concerning this ma	itter, please ca	ıll:	
Maywa Price		at (813) 900-6431	
Name	of Person	Area Code		hone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration S Division of C P.O. Box 632	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	theck for the following amo tek payable to: FLORIDA DE ng Fee	PARTMENT g Fee &	OF STATE \$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.

 QSancus In 	c.	
	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"
(If name unavail:	able in Florida, enter alternate cornorate name a	dopted for the purpose of transacting business in Florida)
·		
(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)
4. 7/08/2021		
(Date of incorporation)		(Date of duration, if other than perpetual)
6. N/A		
	(Date first transacted business in	
	(SEE SECTIONS 607.1501 & 607.150	22, F.S., to determine penanty habitity)
7. 3233 State Ro	oad 580, Safety Harbor, FL 34695	and and address of
	(Principal offic	e <u>street</u> address)
P.O. Box 1450	08, Clearwater, FL 33766-4508	address, if different)
	(Current maning	address, if different)
8. Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)
Name:	IMAX International LLC	
Office Address:	3233 State Road 580	<u>_</u>
	Safety Harbor	, Florida <u>34695</u>
	(City)	(Zip code)
9. Registered age	•	a of process for the above stated corporation at the

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.

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	Jiun-Ming Chen Name:	□ Chairman	Name:			
□Vice Chairman	Address: 4F., No. 218, Sec. 6, Roosevelt	□Vice Chairman	Address:			
Director	Wenshan Dist	□Director				
President	Taipei, Taiwan	□President				
□Vice President		□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	<u>-</u> ,			
□ 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		□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						

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.

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

DELAWARE, DO HEREBY CERTIFY "QSANCUS 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 EIGHTH DAY OF JULY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "QSANCUS INC."

WAS INCORPORATED ON THE THIRTEENTH DAY OF JULY, A.D. 2021.

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

Authentication: 203870141

Date: 07-08-22