

F24000001685

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

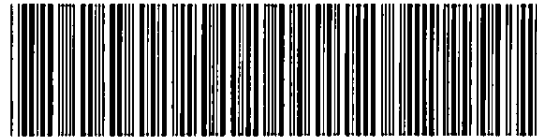
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CT CORP
(850) 656- 4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 03/26/2024

Acc#I20160000072

en: c DW

Name:	CMLABS SIMULATIONS INC.
Document #:	
Order #:	15449116

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
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Amount: \$ **70.00**

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CMLABS SIMULATIONS 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

Name of Person

CORPOMAX INC.

Firm/Company

2915 OGLETOWN RD

Address

NEWARK, DE 19713

City/State and Zip code

INFO@CORPOMAX.COM

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

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**

- | | | | |
|--|--|---|---|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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. CMLABS SIMULATIONS 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

(State or country under the law of which it is incorporated)

3.

(FEI number, if applicable)

4. AUGUST 25, 1994

(Date of incorporation)

5.

PERPETUAL

(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. 4700 Millenia Blvd, #175, Orlando FL, 32829

(Principal office street address)

645 Wellington, #301, Montreal, QC H3C1T2, Canada

(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

(City)

, Florida 33324

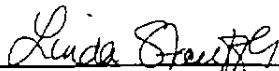
(Zip code)

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.

Linda Stauffer

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]:

A. DIRECTORS

☐ Chairman Name: Bob RYAN
☐ Vice Chairman Address: 4700 Millenia Blvd, #175
☒ Director Orlando FL, 32829
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Philippe ST-AMOUR
☐ Vice Chairman Address: 4700 Millenia Blvd, #175
☒ Director Orlando FL, 32829
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____


☐ Chairman Name: Tony SPAGNUOLO
☐ Vice Chairman Address: 4700 Millenia Blvd, #175
☒ Director Orlando FL, 32829
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Robert WELDON
☐ Vice Chairman Address: 4700 Millenia Blvd, #175
☒ Director Orlando FL, 32829
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other CEO ☐ Other _____

☐ Chairman Name: Robert BEAUCHEMIN
☐ Vice Chairman Address: 4700 Millenia Blvd, #175
☒ Director Orlando FL, 32829
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Sylvain LAGACE
☐ Vice Chairman Address: 4700 Millenia Blvd, #175
☐ Director Orlando FL, 32829
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other COO ☐ 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. Sylvain LAGACE, Secretary
(Typed or printed name and capacity of person signing application)



Innovation, Science and
Economic Development Canada
Corporations Canada

Innovation, Sciences et
Développement économique Canada
Corporations Canada

Certificate of Compliance

Canada Business Corporations Act
s. 263.1

Certificat de conformité

Loi canadienne sur les sociétés par actions
art. 263.1

CMLABS SIMULATIONS INC.
SIMULATIONS CMLABS INC.

Corporate name / Dénomination sociale

306261-9

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 filings; and
- has paid all required fees.

JE CERTIFIE, par la présente, que la société
susmentionnée :

- existe en vertu de la *Loi canadienne sur les sociétés par actions*;
- a effectué les dépôts annuels exigés; et
- a acquitté les droits requis.

Hantz Prosper

Director / Directeur

2024-03-10

Issuance date (YYYY-MM-DD)

Date d'émission (AAAA-MM-JJ)