F250000000253

· (Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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12/19/24--01016--004 **70.00

COVER LETTER

	stration Section ion of Corporations				
SUBJECT:	BJECT: Telecon Design (USA) Inc.				
			n - must include suffix		
Dear Sir or M	adam:				
Certificate of	"Application by Foreign C Existence." or "Certificat red foreign corporation to	e of Crood Star	iding" and chart are a	sact Business in Florida," abmitted to register the	
Please return a	all correspondence concern	ing this matter	to the following:		
Soraia Afshar		C			
		Name of	Person		
Telecon Inc.					
		Firm/Com	pany		
2425 Bd Pitfield	d, Saint-Laurent				
		Addre	ss		
Quebec, H4S 1\	W8, Canada				
soraia.afshar@te	elecon.ca	City/State ar	nd Zip code		
		: (to be used for	or future annual report	natification	
For further info	ormation concerning this m			поинсакки	
Soraia Afshar		at (8237144		
Name	of Person	Area Code	Daytime Telep	hone 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		
inclosed is a checelease make checelese \$70.00 Filing	eck for the following amore k payable to: FLORIDA DE g Fee	PARTMENT (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.

1. Telecon Desig	π (USA) Inc.		
(Enter name of "Inc.," "Co.," "C	corporation; must include "INCORPORATEI! Corp," "Inc," "Co." or "Corp.")	O," "COMPANY," "CORPORATION,"	
(If name unavai	lable in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)	
2. Delaware	,	37-1794849	
(State or count	ry under the law of which it is incorporated)	(FEI number, if applicable)	
(Date	e of incorporation)	(Date of duration, if other than perpetual)	
		• •	
	(Date first transacted business i (SEE SECTIONS 607.1501 & 607.1	n Florida, if prior to registration) 502, F.S., to determine penalty liability)	
7. 5225 Wiley Post	Way #250, Salt Lake City UT 84116		
	(Principal off	ice street address)	
2425 Bu Pittieta	, Saint-Laurent, Quebec, H4S 1W8, Canada	ng address, if different)	
8. Name and stree Name: Office Address:	et address of Florida registered agent: (P.C. NRAI Services, Inc. 1200 South Pine Island Road	D. Box NOT acceptable)	
Office Address:			
	Plantation (City)	, Florida <u>33324</u>	
	(City)	(Zip code)	
further agree to co	ed as registered agent and to accept servi, application. I hereby accept the appoints	ce of process for the above stated corporation at the place tent as registered agent and agree to act in this capacity. I clative to the proper and complete performance of my duties sition as registered agent.	
	/s/ Sabrina Tillapaugh		
S	Sabrina Tillapaugh, Asst. Sec.	gnature)	
Attached is a c he Department of !	ertificate of existence duly authenticated a	not more than 90 days prior to delivery of this application to ficial having custody of corporate records in the jurisdiction	

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

under the law of which it is incorporated.

A. DIRECTORS Robert Paul Pothier Name: ______Jeff Houston □Chairman □ Chairman 2425 Bd Pitfield □Vice Chairman Address: 5225 Wiley Post Way #250 Address: ☐Vice Chairman Saint-Laurent, QC H4S 1W8 Director Salt Lake City, UT □ Director Canada President 84116 President ☐ Vice President Vice President ☐Secretary □Treasurer ☐ Secretary □Treasurer □Other _____ □Other _____ □Other _____ □Other _____ Name: Catherine Coulombe □ Chairman □ Chairman Name: _____ 2425 Bd Pitfield □Vice Chairman Address: □ Vice Chairman Address: ____ Saint-Laurent, QC H4S 1W8 □ Director □Director Canada □President □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 ☐Secretary ☐Treasurer ☐ Secretary ☐ Treasurer 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. 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.

Catherine Coulombe

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "TELECON DESIGN (USA) 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 SIXTH DAY OF DECEMBER, A.D. 2024.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TELECON DESIGN

(USA) INC." WAS INCORPORATED ON THE TWENTY-SECOND DAY OF JULY, A.D.

2015.

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

Authentication: 205054564

Date: 12-06-24

5789852 8300 SR# 20244411888