

CAPITAL SERVICES d/b/a
PARALEGAL & ATTORNEY SERVICE BUREAU, INC.

(Requestor's Name)

1406 Hays Street, Suite 2

(Address)

Tallahassee, FL 32301 (904) 656-3992

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

500003002445-4
-10/01/99-01045-010
*****78.75 *****78.75

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. M.L.C.I. USA Inc. (Corporation Name) (Document #)
2. _____ (Corporation Name) (Document #)
3. _____ (Corporation Name) (Document #)
4. _____ (Corporation Name) (Document #)

☒ Walk in

☒ Pick up time 10/11

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RECEIVED
99 OCT - 1 AM 11:08
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
SECRETARY OF STATE

Examiner's Initials

**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:

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1. M.L.C.I. USA, Inc.
(Name of corporation: the word "INCORPORATED", "COMPANY", or "CORPORATION" or words or abbreviations of like import in language, as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Delaware
(State or Country under the law of which it is incorporated)
3. 09/10/1999 4. Perpetual
(Date of Incorporation) (Duration)
5. _____
(Federal Employer Identification Number, if applicable)
6. Upon qualification
(Date first transacted business in Florida. See sections 607.1501, 607.1502, and 817.155, F.S.)
7. 3425, King st. West, Sherbrooke, Qc., Canada, J1L 1P8 (suite 210)
(Current Mailing Address)
8. Masonry products and services
(Brief description of the nature of the business in which it is engaged in the State of Florida.)
9. Names and addresses of officers and/or directors:
A: Directors:
Chairman: Pierre Ouirion
Address: Maconnerie La Chaudière, 1150, 5th Street
North, St-Georges, Quebec, Canada, G5Y 5B7

Vice Chairman: Richard Paquet
 Address: Maconnerie La Chaudière, 1150, 5th Street,
North, St-Georges, Quebec, Canada, G5Y 5B7

Director: André Morin
 Address: Maconnerie La Chaudière, 1150 5th Street
North, St-Georges, Quebec, Canada, G5Y 5B7

Director: _____
 Address: _____

B. Officers:

President: Pierre Quirion
 Address: Maconnerie La Chaudière, 1150 5th Street
North, St-Georges, Quebec, Canada, G5Y 5B7

Vice President: Richard Paquet
 Address: Maconnerie La Chaudière, 1150 5th Street
North, St-Georges, Quebec, Canada, G5Y 5B7

Secretary: André Morin
 Address: Maconnerie La Chaudière, 1150 5th Street
North, St-Georges, Quebec, Canada, G5Y 5B7

Treasurer: André Morin
 Address: Maconnerie La Chaudière, 1150 5th Street
North, St-Georges, Quebec, Canada, G5Y 5B7

(If needed, you may attach an addendum to the application listing additional officers and/or directors.)

10. NAME AND STREET ADDRESS OF FLORIDA REGISTERED AGENT:

Name: National Corporate Research, Ltd., Inc.
 Office Address: 1406 Hays Street, Suite #2
Tallahassee, Florida 32301
 (Zip Code)

11. REGISTERED AGENT'S ACCEPTANCE:

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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 _____

12. 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.

13. _____
(Signature of Chairman, Vice Chairman, or any officer listed in Number 9 of the application)

14. Pierre Quirion President
(Name and capacity of the person signing the application)

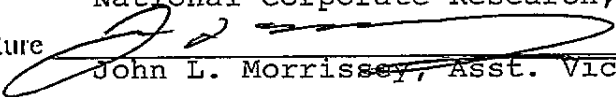
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National Corporate Research, Ltd.

Registered agent's signature


John L. Morrissey, Asst. Vice Pres.

12. 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.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in Number 9 of the application)

14. Pierre Ouirion, President
(Name and capacity of the person signing the application)

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DIVISION OF CORPORATIONS
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State of Delaware
Office of the Secretary of State

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "M.L.C.I 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 TWENTY-NINTH DAY OF SEPTEMBER, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "M.L.C.I USA, INC." WAS INCORPORATED ON THE TENTH DAY OF SEPTEMBER, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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Edward J. Freel
Edward J. Freel, Secretary of State

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AUTHENTICATION:

DATE:

09-29-99