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Florida Department of State
Division of Corporations
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TALLAHASSEE, FLORIDA

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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

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FLORIDA PROFIT/NON PROFIT CORPORATION
ASN Properties Inc.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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TALLAHASSEE, FLORIDA

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umd 8/23

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: ASN Properties Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate of Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Salvatore Rocco
Name (Printed or typed)

79 Lyton Blvd.
Address

Toronto, Ontario M4R 1L2
City, State & Zip

416-365-9494
Daytime Telephone number

srocco@stonewoodgroup.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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FALLAHASSEE, FLORIDA

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ARTICLE I NAME
The name of the corporation shall be: ASN Properties Inc.

ARTICLE II PRINCIPAL OFFICE
Principal street address Mailing address, if different
79 Lytton Blvd.
Toronto, Ontario M4R 1L2

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Real Estate Investment

ARTICLE IV SHARES 3000
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Malcolm D'Souza, President</u>	Name and Title:	<u>Salvatore Rocco, Secretary</u>
Address	<u>79 Lytton Blvd.</u> <u>Toronto, Ontario M4R 1L2</u>	Address:	<u>79 Lytton Blvd.</u> <u>Toronto, Ontario M4R 1L2</u>
Name and Title:	<u>Joseph Quarin, Vice President</u>	Name and Title:	<u>Salvatore Rocco, Treasurer</u>
Address	<u>79 Lytton Blvd.</u> <u>Toronto, Ontario M4R 1L2</u>	Address:	<u>79 Lytton Blvd.</u> <u>Toronto, Ontario M4R 1L2</u>
Name and Title:	<u>Malcolm D'Souza, Director</u>	Name and Title:	<u>Salvatore Rocco, Director</u>
Address	<u>79 Lytton Blvd.</u> <u>Toronto, Ontario M4R 1L2</u>	Address:	<u>79 Lytton Blvd.</u> <u>Toronto, Ontario M4R 1L2</u>

(cont.)

Name and Title: Joseph Quarin, Director
 Address: 79 Lytton Blvd.
Toronto, Ontario M4R 1L2

Name and Title: _____
 Address: _____

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 TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: CT Corporation System
 Address: 1200 South Pine Island Road
Plantation, FL 33324

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Courtney Scanlon c/o Hodgson Russ LLP
 Address: 140 Pearl Street, Suite 100
Buffalo, NY 14202

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

By: CT Corporation System
Corrie Bryan 8/22/2013
 Required Signature/Registered Agent Date
 Assistant Secretary

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

Courtney Scanlon 8/22/2013
 Required Signature/Incorporator Date
 Courtney Scanlon