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(Re	equestor's Name)		
(Ac	ddress)	12 <u></u>	
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(Ci	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL MAIL	
(Business Entity Name)			
(D <sub>1</sub>	ocument Number)		
(DI	ocument (vamber)		
Certified Copies	_ Certificates	s of Status	
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SECRETARY OF STATE DIVISION OF CORPORATIONS

J. BRYAN

AIIG 2 1 2008

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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: 3978966 CANADA I	NC., a Canadian corporation	
	Name of Alien Business Organization)	
Dear Sir or Madam:		
The enclosed Designation of Register are submitted for filing.	red Agent and Registered Office for Alien Business Organiz	cation and fee(s)
Please return all correspondence conc	eerning this matter to the following:	
Reuben M. Schneider		
(Name of Person	n)	_ 0
Greenspoon Marder, P.A.		OS AUG 18 AM 10: 02
(Firm/Company	)	G 18
18851 N.E. 29 Avenue, Suite	406	ORPO
(Address)		CORPORATIONS
Aventura, FL 33180		S S
(City/State and Zip C	Code)	
For further information concerning th	is matter, please call:	
Reuben M. Schneider	at ( <u>888</u> ) <u>491–1120 x 2301</u>	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the followin	g amount:	
x \$35.00 Filing Fee	\$43.75 Filing Fee & Certified Copy	

## DESIGNATION OF REGISTERED AGENT AND REGISTERED OFFICE FOR ALIEN BUSINESS ORGANIZATION

PURSUANT TO SECTION 607.0505, FLORIDA STATUTES, THE UNDERSIGNED ALIEN BUSINESS ORGANIZATION SUBMITS THE FOLLOWING STATEMENT IN ORDER TO DESIGNATE ITS REGISTERED AGENT AND REGISTERED OFFICE IN THE STATE OF FLORIDA: 3978966 Canada Inc. (Name of alien business organization) Canada (FEI Number, if applicable) (State or country under which entity is organized) 6999 Victoria Avenue, Montreal, Quebec, H3W 3E9 CANADA (Principal office address) 5. Name and Florida Street address of registered agent. Reuben M. Schneider 18851 N.E. 29 Avenue, Suite 406 Aventura, FL 33180 6. The street address of the registered office and the street address of the business office of the registered agent are identical. gnature of chairman, vice chairman, or officer) Allan Vobko (Name and capacity of person signing in number 7 above) 9. Signature of registered agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of section 607.0505, Florida Statutes. (Registered agent accepting appointm Reuben M. Schneider

THE FILING OF THIS ALIEN BUSINESS ORGANIZATION FORM WITH THE FLORIDA DEPARTMENT OF STATE DOES NOT AUTHORIZE THE ABOVE REFERENCED ENTITY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

## **FILING FEE \$35**

Make checks payable to Florida Department of State and mail to: Division of Corporations P. O. Box 6327 Tallahassee, FL 32314