

F95000004035

TRANSMITTAL LETTER

TO: QUALIFICATION/TAX LIEN SECTION
DIVISION OF CORPORATIONS

800001555873
-08/09/95--01090--003
*****70.00 *****70.00

0005 15030

SUBJECT: Ebenisterie Beaubois Ltée
(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", 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:

Nicole Garant
(Name of Person)

Ebenisterie Beaubois Ltée - Beaubois Woodworking LTD, CO.
(Firm/Company)

521, 6 ième Avenue c.p. 8
(Address)

St-Georges, Canada G5Y 5C4
(City, State and Zip Code)

Should you need to call someone concerning this matter, please call:

Nicole Garant at (418) 228 - 5104
(Name of Person) Area Code & Daytime Telephone Number

95 AUG 22 AM 8:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

mtm

COURIER ADDRESS:
Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Qualification/Tax Lien Sec.
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE
Sandra B. Morlham
Secretary of State

August 9, 1995

MARCEL TURCOTTE
% EBENISTERIE BEAUBOIS LTEE
2121 POLO CLUB DRIVE, APT #304
KISSIMMEE, FL 34741

SUBJECT: EBENISTERIE BEAUBOIS LTEE
Ref. Number: W95000016030

RECEIVED
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
05 AUG 22 AM 8:49

We have received your document for EBENISTERIE BEAUBOIS LTEE and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please list the corporate name in english on the cover sheet.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6097.

Michael Mays
Document Specialist

Letter Number: 695A00037360

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. Ebenisterie Beaubois Ltée
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "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. Canada Business Corporation Act 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. February, 22 nd 1977 5. perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. April, 1 st 1995
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 617.155, F.S.))

7. 521, 6 th Avenue, P.O. Box 8
St-Georges, Québec, Canada, G5Y 5C4
(Current mailing address)

8. Millwork installation on a construction project.
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent:

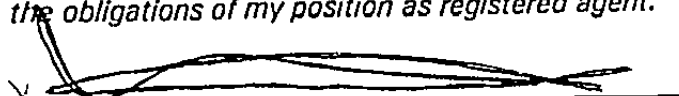
Name: Marcel Turcotte

Office Address: 2121, Polo Club Drive, apt # 304

Kissimmee, Florida, 34741
(Zip Code)

10. 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.


(Registered agent's signature)

11. 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.

FILED
55 AUG 22 AM 8:49
TALLAHASSEE, FLORIDA

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: M. Hervé Poirerleau

Address: 705, 18 th Street

St-Georges, Québec, Canada G5Y 4T5

Vice Chairman: N/A

Address: _____

Director: Mr Francois Lacombe

Address: 689, St-Charles

Beauceville, Québec

Director: _____

Address: _____

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: Mr Hervé Poirerleau

Address: 785, 18 th Street

St-Georges, Québec, Canada G5Y 4T5

Vice President: N/A

Address: _____

Secretary: Mr Hervé Poirerleau

Address: 785, 18 th Street

St-Georges Ouest, G5Y 4T5

Treasurer: N/A

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Mr Francois Lacombe
(Typed or printed name and capacity of person signing application)

RECEIVED
FLORIDA
MAY 22 11 04 AM '82



Industry Canada

Industrie Canada

Canada Business
Corporations Act

Loi canadienne sur
les sociétés par actions

**CERTIFICATE OF COMPLIANCE
S.S. 263(2)**

**CERTIFICAT DE CONFORMITÉ
S.S. 263(2)**

EBENISTERIE BEAUBOIS LTEE

018874-3

Name of corporation-Dénomination de la société

Number - Numéro

I HEREBY CERTIFY that the corporation named above is a body corporate incorporated or continued under the *Canada Business Corporations Act* and not discontinued under that Act and that it has not been dissolved and it has sent to the Director the required Annual Returns and Financial Statements.

JE CERTIFIE, par les présentes, que la société ci-dessus mentionnée est une personne morale constituée ou prorogée en vertu de la *Loi canadienne sur les sociétés par actions* et n'a pas changé de régime en vertu de cette Loi et qu'elle n'a pas été dissoute et la société a remis au directeur les rapports annuels et les états financiers dont l'envoi est requis.

Stair M. Collins

August 2, 1995/le 2 août 1995

Deputy Director - Directeur adjoint

Date

RECEIVED
55 AUG 22 AM 8:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

F 950000 04035

DEBIT MEMORANDUM

TO : DEPARTMENT OF STATE

DATE: 8.24.95
 NUMBER: 555

STATE OF FLORIDA
 OFFICE OF STATE TREASURER
 TALLAHASSEE FLORIDA

FUND	AMOUNT	REASON RETURNED	KEY #
GENERAL REVENUE	0.00	INSUFFICIENT FUNDS	1
TRUST	262.50	ACCOUNT CLOSED	2
OTHER		UNCOLLECTED FUNDS	3
TOTAL	262.50	OTHER	4

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 *****85.00 *****85.00

CROSS REF	DISTRIBUTION SAMAS CODE	REASON	AMOUNT
12	45-20-2-130001-45300000-00-000100-00	4	70.00
12	45-20-2-130001-45300000-00-000100-00	2	70.00
12	45-20-2-130001-45300000-00-000100-00	2	122.50

GRAND TOTAL: \$ 262.50

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 95 AUG 29 11:00 AM
 DEPARTMENT OF STATE

Process Date: 08/14/95

The above named fund(s) has been reduced by the amount of this check(s) under authority of Section 215.34, F.S.

Bill Nelson

State Treasurer