

K14000002597

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

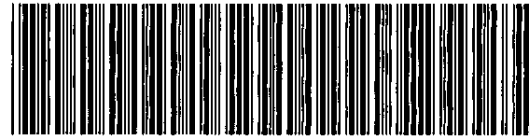
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

11/14-29481

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## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** ANALYS PERFORMANCE CORP.

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," or "Certificate of Good Standing" 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:

JEAN PHANEUF

Name of Person

Firm/Company

46 LE ROYER WEST

Address

MONTREAL, QUEBEC H2Y 1W7, CANADA

City/State and Zip code

JEANPHANEUF@ANALYS-PSY.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JEAN PHANEUF

Name of Person

at ( 514 ) 989-2175

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

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

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 9, 2014

JEAN PHANEUF  
46 LE ROYER WEST  
MONTREAL, QUEBEC CANADA, H2Y1W-7

SUBJECT: ANALYS PERFORMANCE CORP.  
Ref. Number: W14000029481

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

A brief description of the entity's nature of business must be included in the document.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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 (850) 245-6052.

Maryanne Dickey  
Regulatory Specialist II

Letter Number: 114A00009990

**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. ANALYS PERFORMANCE CORP.**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

**2. DELAWARE**

(State or country under the law of which it is incorporated)

**3. 37-1752062 (EI NUMBER)**

(FEI number, if applicable)

**4. MARCH 12, 2014**

(Date of incorporation)

**5. PERPETUAL**

(Duration: Year corp. will cease to exist or "perpetual")

**6. N/A**

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

**7. 7688 APPLE TREE CIRCLE, ORLANDO, FL 32819 USA**

(Principal office address)

**46 LE ROYER WEST, MONTREAL, QUEBEC H2Y 1W7, CANADA**

(Current mailing address)

**8. SERVICES PERFORMED IN FLORIDA**

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

**9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)**

Name: MARIE-JOSEE GAGNON

Office Address: 7688 APPLE TREE CIR

ORLANDO,

(City)

, Florida 32819

(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.**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: MR. JEAN PHANEUF

Address: 46 LE ROYER W., MONTREAL (QUEBEC) H2Y1W7 CANADA

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: MR. MATHIEU ALARIE

Address: 46 LE ROYER W., MONTREAL (QUEBEC) H2Y1W7 CANADA

Director: MRS. MARIE-JOSEE GAGNON

Address: 7688 APPLE TREE CIRCLE, ORLANDO, FL 32819 USA

**B. OFFICERS**

President: MR. JEAN PHANEUF

Address: 46 LE ROYER W., MONTREAL (QUEBEC) H2Y1W7 CANADA

Vice President: MRS. MARIE-JOSEE GAGNON

Address: 7688 APPLE TREE CIRCLE, ORLANDO, FL 32819 USA

Secretary: MR. MATHIEU ALARIE

Address: 46 LE ROYER W., MONTREAL (QUEBEC) H2Y1W7 CANADA

Treasurer: MR. MATHIEU ALARIE

Address: 46 LE ROYER W., MONTREAL (QUEBEC) H2Y1W7 CANADA

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

13. \_\_\_\_\_

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 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.

14. MRS MARIE-JOSEE GAGNON, VICE-PRESIDENT

(Typed or printed name and capacity of person signing application)

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SEC. OF STATE  
TALLAHASSEE, FLORIDA

# Delaware

*The First State*

PAGE

SECRETARY OF STATE  
WILLIAMSSSE. F. L. H. H. H.

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FILED

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ANALYS PERFORMANCE CORP." 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-SEVENTH DAY OF MAY, A.D. 2014.

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You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 1402393

DATE: 05-27-14