

F24000004380

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

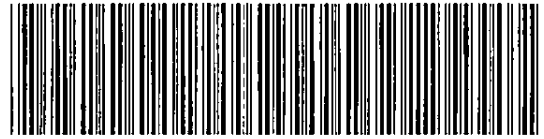
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

COB
Reed
8-20-24

Office Use Only



700428908907

08/20/24--01002--012 **10.00

2024 AUG 20 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

M. SOLOMON

AUG 20 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CPNA MANAGEMENT & SERVICES INC.

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:

WINE MANSFIELD

| | |
|--|--|
| Name of Person | 2024 AUG 20 AM 10:45 SECRETARY OF STATE TALLAHASSEE, FLORIDA |
| Firm/Company | |
| 49 SAINTE-ANNE ST. | |
| Address | |
| SAINTE-ANNE-DE-BELLEVUE, QC. CANADA, H9X 1L5 | |
| City/State and Zip code | |
| wmansfield@cpnainc.com | |
| E-mail address: (to be used for future annual report notification) | |

For further information concerning this matter, please call:

| | | |
|----------------|------------|--------------------------|
| PATRICE LAREAU | at (450) | 723-8177 x224 |
| Name of Person | Area Code | Daytime Telephone Number |

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- | | | | |
|--|--|---|---|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee & Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee, Certificate of Status & Certified Copy |
|--|--|---|---|

**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. CPNA MANAGEMENT & SERVICES INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

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

2. CANADA 3. 98-1698875
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 04/20/2016 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 49 SAINTE-ANNE ST., SAINTE-ANNE-DE-BELLEVUE, QC, CANADA, H9X 1L5
(Principal office street address)

(Current mailing address, if different)

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

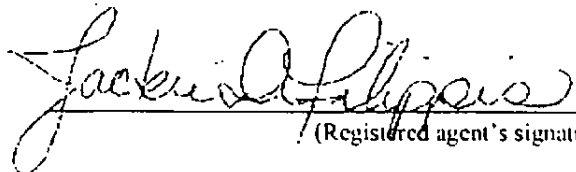
Name: InCorp Services, Inc.

Office Address: 3458 Lakeshore Drive

Tallahassee, Florida 32312
(City) (Zip code)

9. 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)

Jackie DeFilippis on behalf of InCorp Services, Inc.

10. 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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2024 AUG 20 AM 10:45

FILED

A. DIRECTORS

☐ Chairman Name: WINE MANSFIELD
☐ Vice Chairman Address: _____
☐ Director 49 SAINTE-ANNE ST.
☒ President SAINTE-ANNE-DE-BELLEVUE, QC
☐ Vice President CANADA, H9X 1L5
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. *Wine Mansfield*
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. WINE MANSFIELD, PRESIDENT
(Typed or printed name and capacity of person signing application)

FILED
2024 AUG 20 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Clearance Certificate

Act Respecting the Legal Publicity of Enterprises (RLRQ, Chapter P-44.1)

I hereby certify that the enterprise referred to as

CPNA GESTION & SERVICES INC.

or its version(s)

CPNA MANAGEMENT & SERVICES INC.

- has been registered since April 20, 2016.
- has not failed to file an annual update declaration.
- has not failed to comply with a request made to it under Article 73.
- has not transmitted to the Registrar a declaration, notice or judgment to the effect that it is in the process of liquidation or dissolution.
- has not been deregistered.

Certification no.: 735167149

The certification number above provides, at all times, access to this certified document using the online service "Check a certification number" of the Trade Register Office for a period of 90 days following its issuance.

Dated August 19, 2024, for the Quebec enterprise
number 1171790547

I, Patrice Lareau, Lawyer (Quebec Bar #191181-3), hereby declare that this Clearance Certificate is an accurate English translation of the attached French original document dated August 19, 2024.



Certificat d'attestation

Loi sur la publicité légale des entreprises (RLRQ, chapitre P-44.1)

J'atteste que l'entreprise portant le nom

CPNA Gestion & Services Inc.

et sa ou ses versions

CPNA Management & Services Inc.

- est immatriculée au registre des entreprises depuis le 20 avril 2016.
- n'est pas en défaut de déposer une déclaration de mise à jour annuelle.
- n'est pas en défaut de se conformer à une demande qui lui a été faite en vertu de l'article 73.
- n'a pas transmis au Registraire une déclaration, un avis ou un jugement indiquant qu'elle est en voie de liquidation ou de dissolution.
- n'est pas radiée au registre des entreprises

Numéro de certification : 735167149

Le numéro de certification ci-dessus vous permet de consulter ce document certifié à l'aide du service en ligne Vérifier un numéro de certification du Registraire des entreprises pour une période de 90 jours suivant sa délivrance.

Fait le 19 août 2024 pour le numéro d'entreprise
du Québec 1171790547.


Registraire des entreprises





FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 31, 2024

WINE MANSFIELD
49 SAINTE-ANNE ST.
SAINT-ANNE-DE-BELLEVUE, QC
CANADA, H9X 1L5,

SUBJECT: CPNA MANAGEMENT & SERVICES INC.
Ref. Number: W24000108963

We have received your document for CPNA MANAGEMENT & SERVICES INC. .
However, the enclosed document has not been filed and is being returned to you
for the following reason(s):

Office policy prevents this office from processing the enclosed check(s). All
checks processed by this office must be payable in U.S. dollars and drawn on a
bank located in the United States.

A certificate of existence or a certificate of good standing, dated no more than 90
days prior to the delivery of the application to the Department of State, duly
authenticated by the secretary of state or other official having custody of the
records in the jurisdiction under the laws of which it is incorporated/organized,
must be submitted to this office. A translation of the certificate under oath of the
translator must be attached to a certificate which is in a language other than the
English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call
(850) 245-6051.

Mel Solomon
Operations Manager A

Letter Number: 224A00016974