



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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CORPORATIONS DIV
2018 MAY 29 AM 9:55

Application for Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of RIGL 7-1.2-1405, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the corporation is: ADF INTERNATIONAL, INC.		
2. It is incorporated under the laws of: FLORIDA		
3. The name, if different, which it elects to use in Rhode Island is: (a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island: not applicable (b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application: not applicable		
4. The date of its incorporation is: NOVEMBER 10, 1992 And the period of its duration is: CHECK ONE BOX ONLY ☒ Perpetual (on-going) ☐ Date certain for dissolution _____		
5. The address of its principal office is: 1925 NW 15th STREET, UNIT A, POMPANO BEACH, FLORIDA 22069		
6. The name and address of the initial registered agent/office in Rhode Island: Agent Name CORPORATION SERVICE COMPANY Street Address (<u>NOT</u> a P.O. Box) 222 JEFFERSON BOULEVARD SUITE 200 City/Town WARWICK State RHODE ISLAND Zip Code 02888		

MAIL TO:

Division of Business Services
148 W River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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MAY 29-2018
BY *[Signature]* 231449

7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

FABRICATION AND INSTALLATION OF COMPLEX STRUCTURAL STEEL AND HEAVY BUILT-UP STEEL COMPONENTS FOR THE NON-RESIDENTIAL CONSTRUCTION INDUSTRY

8. (a) The names and respective addresses of its directors (optional, unless directors are required under the laws of the state or country of which it is incorporated).

NAME	ADDRESS
PIERRE PASCHINI	300 HENRY-BESSEMER, TERREBONNE, QUEBEC, CANADA J6Y 1T3
JEAN PASCHINI	300 HENRY-BESSEMER, TERREBONNE, QUEBEC, CANADA J6Y 1T3
MARISE PASCHINI	300 HENRY-BESSEMER, TERREBONNE, QUEBEC, CANADA J6Y 1T3

Check the box to indicate an attachment ☐

8. (b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated):

OFFICE	NAME	ADDRESS
PRESIDENT	PIERRE PASCHINI	300 Henry-Bessemer, Terrebonne, Quebec, Canada
VICE PRESIDENT	JEAN PASCHINI	300 Henry-Bessemer, Terrebonne, Quebec, Canada
TREASURER	MARISE PASCHINI	300 Henry-Bessemer, Terrebonne, Quebec, Canada
SECRETARY	MARISE PASCHINI	300 Henry-Bessemer, Terrebonne, Quebec, Canada

Check the box to indicate an attachment ☒

9. The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE
100,000	Common	none	\$ 0.10 par value

10. An estimate, **as a percentage**, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located. (Note: Percentage obtained from worksheet.)

0 %

11. An estimate, **as a percentage**, of the proportion of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be transacted by the corporation during the following year. (Note: Percentage obtained from worksheet.)

50 %

ATTACHMENT TO
APPLICATION FOR CERTIFICATE OF AUTHORITY
of
ADF INTERNATIONAL, INC.
(the "Corporation")

LIST OF ADDITIONAL OFFICERS

In addition to the Officers (President, Vice President, Treasurer and Secretary) that are listed on the form, the other Officers of the Corporation are:

OFFICE	NAME	ADDRESS
CHIEF FINANCIAL OFFICER	JEAN-FRANÇOIS BOURSIER	300 Henry-Bessemer, Terrebonne, Quebec, Canada J6Y 1T3
VICE PRESIDENT, ENGINEERING AND OPERATION	CAROLYN CARBONNEAU HANSON	1925 NW 15 th Street, Unit A, Pompano Beach, Florida 33069

12. This application must be accompanied by a Certificate of Good Standing/Letter of Status from the state or country of formation dated within 60 days of the date of this filing.

13. Date when the Certificate of Authority will be effective: **CHECK ONE BOX ONLY**

☒ Date received (Upon filing)

☐ Later effective date (Date must be no more than 90 days from the date of filing) _____

Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.

Type or Print Name of Authorized Officer

PIERRE PASCHINI, PRESIDENT

Date

MAY 23, 2018

Signature of Authorized Officer of the Corporation



SIGN DOCUMENT HERE

State of Florida

Department of State

I certify from the records of this office that ADF INTERNATIONAL, INC. is a corporation organized under the laws of the State of Florida, filed on November 10, 1992.

The document number of this corporation is P92000003391.

I further certify that said corporation has paid all fees due this office through December 31, 2018, that its most recent annual report/uniform business report was filed on March 18, 2018, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Twenty-third day of May, 2018*



Ken Diefner
Secretary of State

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To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

May 29, 2018 09:55 AM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

