

W16000004908

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

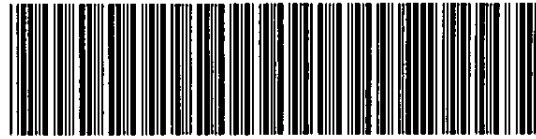
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W16-73858

Office Use Only



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DEPARTMENT OF STATE
16 OCT 28 PM 1:52

2015 OCT 31 A 8:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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S Warren
NOV 02 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 1, 2016

NATIONAL CORPORATE RESEARCH, LTD.

SUBJECT: CINEPLEX STARBURST INC.
Ref. Number: W16000073858

We have received your document for CINEPLEX STARBURST INC. and the authorization to debit your account in the amount of \$. However, the document has not been filed and is being returned for the following:

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.

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) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 816A00023395

Date: 11/01/2016

Account #: 120000000088

Name: Marisa Kugelmann

Reference #: G028397

ENTITY NAME: CINEPLEX STARBURST INC.

Articles of Incorporation/Authorization to Transact Business

Amendment

Annual Report

Change of Agent

Reinstatement

Conversion

Merger

Dissolution/Withdrawal

Fictitious Name

Other: _____

*Please keep original file date!
Thank you! ☺*

Authorized Amount: _____

Signature: _____

Date: 10/28/2016

Account #: I20000000088

Name: Marisa Kugelmann

Reference #: G028397

ENTITY NAME: CINEPLEX STARBURST INC.

- Articles of Incorporation/Authorization to Transact Business
- Amendment
- Annual Report
- Change of Agent
- Reinstatement
- Conversion
- Merger
- Dissolution/Withdrawal
- Fictitious Name
- Other: _____

Authorized Amount: \$70.00

Signature: 

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cineplex Starburst 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:

Paul Dietrich

Name of Person

Firm/Company

1031 West Morse Blvd. Suite 350

Address

Winter Park, Florida 32789

City/State and Zip code

pdietrich@swannhadley.com

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

For further information concerning this matter, please call:

Paul Dietrich

Name of Person

at (407)

Area Code

647-2777

Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

Registration 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

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. Cineplex Starburst Inc.
(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. Ontario Canada 3. 98-1126129
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. May 20, 2011 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. 1303 Yonge Street Toronto, ON M4T 2Y9
(Principal office address)

(Current mailing address, if different)

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

Name: National Corporate Research, Ltd., Inc.

Office Address: 115 North Calhoun Street, Suite 4.

Tallahassee, Florida 32301
(City) (Zip code)

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2012 OCT 31 A 8 26
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TALLAHASSEE, FLORIDA

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.

Joni Wallace, NCR
(Registered agent's signature)

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

A. DIRECTORS

Chairman: **SEE ATTACHMENT**

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: **SEE ATTACHMENT**

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

12.  _____

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. **Anne Fitzgerald, Chief Legal Officer** _____

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

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2019 OCT 31 A 8 28
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TALLAHASSEE, FLORIDA

**ATTACHMENT
LIST OF OFFICERS AND DIRECTORS FOR
Cineplex Starburst Inc.
(Ontario domestic)**

DIRECTORS:

<u>Name</u>	<u>Address</u>
Dan McGrath	28 Twyford Road, Etobicoke, Ontario M9A 1W1
Ellis Jacob	68 Yorkville Avenue, Suite 307, Toronto, Ontario M5R 3V7
Gord Nelson	89 Northdale Road, North York, Ontario M2L 2L9
Anne Fitzgerald	287 Richmond Street, Suite 104, Toronto, Ontario M5A 1P2

OFFICERS:

Dan McGrath	Chief Executive Officer	28 Twyford Road Etobicoke, Ontario M9A 1W1
Ellis Jacob	President	68 Yorkville Avenue, Suite 307, Toronto, Ontario M5R 3V7
Gord Nelson	Chief Financial Officer	89 Northdale Road North York, Ontario M2L 2L9
Anne Fitzgerald	Chief Legal Officer	287 Richmond Street, Suite 104, Toronto, Ontario M5A 1P2

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TAMMUNSEE, FLORIDA

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CERTIFICATE OF STATUS

Form 32

I CERTIFY THAT ACCORDING TO THE OFFICIAL RECORDS OF THE CORPORATE REGISTRY

CINEPLEX STARBURST INC.

JURISDICTION: ONTARIO
REGISTERED IN ALBERTA ON 2014/06/13
IS AS OF THIS DATE A VALID AND SUBSISTING EXTRA-PROVINCIAL CORPORATION.

GIVEN UNDER MY SEAL OF OFFICE IN THE PROVINCE OF ALBERTA.

DATED: 2016/10/27



Request ID: 019533403
Demande n° :
Transaction ID: 62591226
Transaction n° :
Category ID: CT
Catégorie :

Province of Ontario
Province de l'Ontario
Ministry of Government Services
Ministère des Services gouvernementaux

Date Report Produced: 2016/10/28
Document produit le :
Time Report Produced: 15:39:14
Imprimé à :

CERTIFICATE OF STATUS ATTESTATION DU STATUT JURIDIQUE

This is to certify that according to the records of the Ministry of Government Services

D'après les dossiers du Ministère des Services gouvernementaux, nous attestons que la société

CINEPLEX STARBURST INC.

Ontario Corporation Number

Numéro matricule de la société (Ontario)

001909013

is a corporation incorporated, amalgamated or continued under the laws of the Province of Ontario.

est une société constituée, prorogée ou née d'une fusion aux termes des lois de la Province de l'Ontario.

The corporation came into existence on

La société a été fondée le

JANUARY 01 JANVIER, 2014

and has not been dissolved.

et n'est pas dissoute.

Dated

Fait le

OCTOBER 28 OCTOBRE, 2016



Director
Directeur

The issuance of this certificate in electronic form is authorized by the Ministry of Government Services.

La délivrance du présent certificat sous forme électronique est autorisée par le Ministère des Services gouvernementaux.