11/6/2017

Division of Corporations

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Division of Corporations

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FOREIGN PROFIT/NONPROFIT CORPORATION

OSL Retail Services Incorporated

Certificate of Status	0
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COVER LETTER

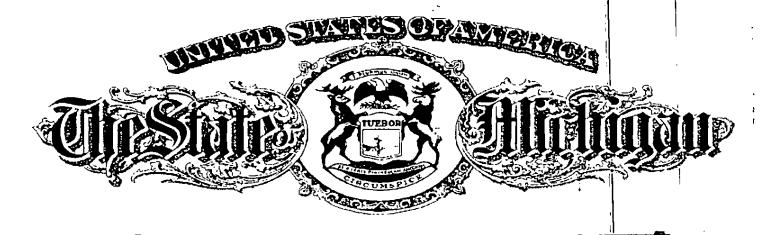
	stration Section					
SUBJECT:		avices Incorporated			1	<u> </u>
35() (3.16.0.11)		Name of co	orporation -	must inplude suffix		
Dear Sir or i						
"Certificate	of Existence,"	by Foreign Corpo or "Certificate of (orporation to trans	Good Stand	uthorization to Transa ing" and check are sub s in Florida.	ct Business in Florid mitted to register the	i,''
Please return	n all correspond	lence concerning t	his matter t	o the following:		
	•		nes R. Wagg		,	1
			Name of P	erson		Ī
			Clark Hill P	LC	1	;
			Firm/Comp	any		<u>1</u>
		151 S. Old	Woodward A	Avenue, Suite 200		<u>'</u>
			Addres	5		
		Birm	ingham, Mi	higan 48009	1	
		С	ity/State an	d Zip code	ì	<u> </u>
			aggoner@cl			
		E-mail address: (te	be used fo	r future annual report i	notification)	
For further i	iiformation coi	occrning this matte	er, please ca	ill:		
James R, Wa	iggoner, Psq.	at (248	988-5373 _)		
Nai	me of Person		Area Code	Daytime Telep	hone Number	7
Reg Div Clif 266	REET/COURI jistration Section ision of Corpor Yon Building I Executive Ce lahassec, FL 33	ntions inter Circle		MAILING A Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	
Enclosed is	a check for the	following amoun	t;			
■ \$70,00 F	illing Pec – F	1 \$78.75 Filing Fo Certificate of S		\$78.75 Filing Fee & Certified Copy	\$87.50 Filing F Certificate of Certified Copy	Štatus &

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

OSI, REBIL SELVI	ces Incorporated	USINESS II (THE STATE OF FLORIDA.	11
(Enter name of co	rporation; must include "INCORPORATED;" rp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
(If name unavailal	ble in Florida, enter alternate corporate name a	dopted for the purpose of transacting business in	Florida)
	Michigan		
	under the law of which it is incorporated) April 18, 2017		
(Date	af incorporation) 5.	(Date of duration, if other than perpetti	al)
ś		02, F.S., to determine penalty liability)	
7.	2475 Skymark Avenue, Uni	14, Mississauga, Ontario L4W 4Y6	
· <u>·····</u>	(Princip	al office address)	慢夏丁
	·	g address, if different)	5 11
Name and stree	t address of Florida registered agent: (P.C). Box NOT acceptable)	ر م
Name:	C T Corporation System		BO 15 HW
Office Address:	1200 South Pine Island Rd.		
	Plantation (City)	33324 , Florida	
	(City)	(Złp code)	
designated in this further agree to co	ed as registered agent and to accept servi ambigation. I hereby accept the appoints	ice of process for the above stated corparation nent as registered agent and agree to act in elative to the proper and complete perform f my position as registered agent.	this capacity. 1

under the law of which it is incorporated.

			į	' 	ı
	nes and business addresses of officers and/or direct	ory:	1		
	ECTORS Breft Farren		:		
Chalman:	2475 Skymark Avenue, Unit 4			<u> </u>	
Address:	Mississauga, Ontario LAW 4Y6				
Vice Cha	irman:	ul.			
			7		
				1	
Director:	Brett Parren			<u>`</u>	
Address:	2475 Skymark Avenue, Unit 4			<u>]</u>	
	Mississauga, Ontario L4W 4Y6			<u> </u>	
Director:	Antoine Adams				1
Address:	2475 Skymark Avenue, Unit 4			2	1200
	Mississauga, Ontario L4W 4Y6			5	1.
B. OFF	TCERS			三	1
President	Brett Parren		· 	9.	
Address:	2/175 Skymark Avenue, Unit 4			- E	
	Mississauga, Ontario L4W 4Y6			1	
Vice Pres	sident:			1	
Address:		-		<u> </u>	
					
Secretary		- ANY ANY			
Address:				<u> </u>	•
Treasure			 _	1 1	
Address:	2475 Skymark Avenue, Unit 4, Mississauga, Ontario I	L4W 4Y5		1	
NOTE:	If necessary, you may attach an addendum to the a	application listing additional officers a	md/or direct	ors.	
12	Signature of Di	rector or Officer	<u>-</u>	<u> </u>	í
are true	cer or director signing this document (and who is li and that he or she is aware that false information st legree felony as provided for in s.817.155.47.S.	isted in number 11 above) affirms that	the facts standard of State	ated herein constitutes	
13	Brett Farre			t .	
· —	(Fyped or printed name and capaci	ity of person signing application)		il i	



partment of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

OSL RETAIL SERVICES INCORPORATED

was validly incorporated on April 18, 2017 as a Michigan DOMESTIC PROFIT CORPORATION, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284 to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by electronic transmission

Certificate Number: 17111182060

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 6th day of November , 2017.

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau

Verify this certificate at: URL to eCertificate Verification Search http://www.michigan.gov/corpverifycertificate.