

F18000005742

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

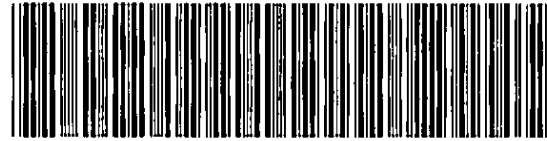
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

K. SALY

DEC 14 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 2663949 ONTARIO 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:

SAMANTHA WU

Name of Person
ALTRO LLP
Firm/Company
915-20 ADELAIDE STREET EAST
Address
TORONTO, ONTARIO, CANADA M5C 2T6
City/State and Zip code
SWU@ALTROLAW.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SAMANTHA WU	416	477 8155	
Name of Person	at () Area Code	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:

- | | | | |
|---|---|--|---|
| <input 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.

2663949 ONTARIO INC.

1. (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)

ONTARIO, CANADA - BUSINESS CORPORATIONS

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

November 6, 2018

4. (Date of incorporation) 5. (Date of duration, if other than perpetual)

N/A - ALL BUSINESS AFTER REGISTRATION

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

564 Old Orchard Grove, Toronto, Ontario, Canada M5M 2H1

7. (Principal office address)

(Current mailing address, if different)

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

Name: JEFFREY FEINBERG

Office Address: Feinberg & Maidenbaum 4651 Sheridan Street, Suite 200

Hollywood, Florida 33021 (City) (Zip code)

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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)

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.

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SEC. OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____
Address: _____

Vice Chairman: _____
Address: _____

Director: Sandra Marinelli
Address: 564 Old Orchard Grove, Toronto, Ontario, Canada M5M 2H1

Director: _____
Address: _____

B. OFFICERS

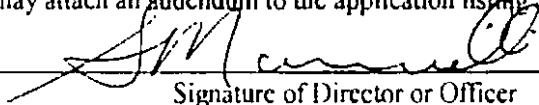
President: Sandra Marinelli
Address: 64 Old Orchard Grove, Toronto, Ontario, Canada M5M 2H1

Vice President: _____
Address: _____

Secretary: Sandra Marinelli
Address: 64 Old Orchard Grove, Toronto, Ontario, Canada M5M 2H1

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

Request ID: 022410650
Demande n° :
Transaction ID: 70047475
Transaction n° :
Category ID: CT
Catégorie :

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

Date Report Produced: 2018/11/27
Document produit le :
Time Report Produced: 11:29:02
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

2 6 6 3 9 4 9 O N T A R I O I N C .

Ontario Corporation Number

Numéro matricule de la société (Ontario)

0 0 2 6 6 3 9 4 9

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

N O V E M B E R 0 6 N O V E M B R E , 2 0 1 8

and has not been dissolved.

et n'est pas dissoute.

Dated

Fait le

N O V E M B E R 2 7 N O V E M B R E , 2 0 1 8

Barbara Rickett

Director
Directeur

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STATE OF FLORIDA
TALLAHASSEE

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.