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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJ	ECT: 10799769 CANADA INC. Name of corporation - must include suffix
Dear S	Sir or Madam:
"Certif	nclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," ficate of Existence," or "Certificate of Good Standing" and check are submitted to register the referenced foreign corporation to transact business in Florida.
Please	return all correspondence concerning this matter to the following:
	MARC TENFIK
	Name of Person
	10799769 CANADA INC.
•	1310 CHEMIN SCARBORO
	Address MONT-ROYAL, QUEBEC H3P 2S1 City/State and Zip code
	E-mail address: (to be used for future annual report notification)
For fur	E-mail address: (to be used for future and ual report notification) The rither information concerning this matter, please call:
<u></u> M	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
Please	sed is a check for the following amount: make check payable to: FLORIDA DEPARTMENT OF STATE 0.00 Filing Fee

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. 10799769 CANADA 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. CANADA (State or country under the law of which it is incorporated) 3. (FEI number, if applicable) 4. 2018-05-25 5. (Date of incorporation) (Date of duration, if other than perpetual) 2020, DATE TO BE DETERMINED UPON QUALIFICAT
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) SCARBORO MONT-ROYAL, QUEBEC (Princinal office address) 310 和19 DEC 30 PH 2: (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) DIXON ALEXANDRE Name: 2331 N STATE ROAD 7, STE 221 Office Address: LAUDER HTLL , Florida 33313 (Zip code) 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.

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.

· A. DIRECTORS Name: MARC TEWFIK Name: MYLENE ARSENAUC Chairman □ Chairman DVice Chairman Address: 1310 CH- SCARBORO Address: 1310 CH. SCARBOR ☐ Vice Chairman MONT-ROYAL, QUEBEL MONT-ROYAL, QUEBEC Director □ Director resident 2SI CANA H3P 2SI CANADA □ President ivice President ☐ Vice President _ ☐ Secretary □Treasurer □ Secretary ☐ Treasurer □Other _____ □Other _____ Other □Other _____ Name: _____ □Chairman Name: _____ □ Chairman □ Vice Chairman Address: _____ □ Vice Chairman Address: □Director □ Director □ President ☐ President ☐ Vice President ☐ Vice President ☐ Secretary □Treasurer ☐ Secretary ☐ Treasurer □Other _____ □Other _____ □Other _____ □ Chairman Name: □ Chairman Name: □ Vice Chairman Address: □ Vice Chairman Address: _____ □ Director □ Director □ President □President □ Vice President _____ ☐ Vice President ☐ Secretary □Treasurer □ Secretary ☐Treasurer_ □ Other _____ □ Other _____ □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 Floriga Department of State Annual Report form. Signature of Rirector 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.

PRESIDENT 13. _____

Certificate of Compliance

Certificat de conformité

Canada Business Corporations Act s. 263.1

Loi canadienne sur les sociétés par actions art. 263.1

10799769 CANADA INC.

Corporate name / Dénomination sociale

1079976-9

Corporation number / Numéro de société

I HEREBY CERTIFY that the corporation named above:

- exists under the Canada Business Corporations Act;
- · has filed the required annual returns; and
- · has paid all prescribed fees required.

JE CERTIFIE, par la présente, que la société cidessus mentionnée :

- existe en vertu de la *Loi canadienne sur les* sociétés par actions:
- · a déposé les rapports annuels exigés; et
- · a acquitté les droits prescrits.

steward A

Raymond Edwards

Director / Directeur

2019-12-16

Issuance date (YYYY-MM-DD) Date d'émission (AAAA-MM-JJ)