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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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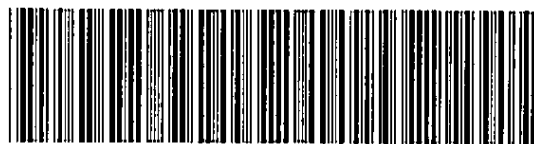
(Business Entity Name)

(Document Number)

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ALTRO
LLP
US & CANADIAN ATTORNEYS, NOTARIES
AND LEGAL COUNSEL

August 17, 2021

BY FEDEX

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**RE: EXADOR INTERNATIONAL, INC.
ORAD HOLDINGS LIMITED PARTNERSHIP
Matter No. 00493**

We would like to register EXADOR INTERNATIONAL, INC., an Ontario corporation, to do business in the state of Florida, and to form a Florida limited partnership under the name ORAD HOLDINGS LIMITED PARTNERSHIP. Accordingly, we enclose the following:

EXADOR INTERNATIONAL, INC.

(please ensure that this is processed first as this corporation is the GP for the ORAD HOLDINGS LIMITED PARTNERSHIP)

1. Cover Letter;
2. Application by foreign corporation for authorization to transact business in Florida;
3. Certificate of status of EXADOR INTERNATIONAL, INC.; and
4. Cheque in the amount of US\$87.50 payable to Florida Department of State being the requisite filing fee (please note this cheque is drawn on a US bank and is in US funds).

ORAD HOLDINGS LIMITED PARTNERSHIP

1. Cover Letter;
2. Certificate of Limited Partnership for Florida Limited Partnership;
3. Cheque in the amount of US\$1,061.25 payable to Florida Department of State being the requisite filing fee (please note this cheque is drawn on a US bank and is in US funds).

As this matter is time sensitive, I am hoping that you will be able to process the enclosed as soon as possible. That said, please let me know if you require any additional information to assist with this process.



Should you have any questions, please feel free to contact me at 514-940-8074.

Thanks in advance.

ALTRO LLP

p.p. Yana Timokhova

David A. Altro, B.A., LL.B., J.D., D.D.N., FLC, TEP

*Managing Partner, Florida Attorney, Canadian Legal Advisor & Quebec Notary
Associé principal, Avocat de la Floride & Notaire du Québec*

DAA/yt

Encls.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EXADOR INTERNATIONAL, 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:

Bradley Thompson

Name of Person

Altro LLP

Firm/Company

155 University Avenue, Suite 300

Address

Toronto, Ontario, M5H 3B7

City/State and Zip code

bthompson@altrolaw.com

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

For further information concerning this matter, please call:

Bradley Thompson

Name of Person

at (514)

Area Code

940-8074

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ☒ \$87.50 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.*

1. EXADOR INTERNATIONAL, INC.
(Enter name of corporation: must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co." or "Corp.")

EXADOR INTERNATIONAL INC.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

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

4. January 18, 2008 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. 601 Casey Key Road, Nokomis, Florida, 34275
(Principal office street address)

(Current mailing address, if different)

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

Name: Orest Kostruba

Office Address: 601 Casey Key Road
Nokomis, Florida 34275
(City) (Zip code)

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.

/s/ Orest Kostruba

(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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2021 AUG 19 PM 4:24
TALLAHASSEE, FLORIDA

A. DIRECTORS

☐ Chairman Name: Orest Kostruba
☐ Vice Chairman Address: 4414 PALISADES LANE
☒ Director MISSISSAUGA, ONTARIO, CANADA,
☒ President L4W 3W3
☐ Vice President _____
☒ Secretary ☒ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ 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 Florida Department of State Annual Report form.

12. /s/ Orest Kostruba
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. Orest Kostruba, President of EXADOR INTERNATIONAL, INC.
(Typed or printed name and capacity of person signing application)

Request ID: 026560763
Demande n°
Transaction ID: 80238649
Transaction n° :
Category ID: CT
Catégorie :

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

Date Report Produced: 2021/08/12
Document produit le :
Time Report Produced: 09:30:01
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

EXADOR INTERNATIONAL, INC.

Ontario Corporation Number

Numéro matricule de la société (Ontario)

002160884

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 18 JANVIER, 2008

and has not been dissolved.

et n'est pas dissoute.

Dated

Fait le

AUGUST 12 AOÛT, 2021

Barbara Rackitt

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.

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TALLAHASSEE, FLORIDA