

FA1000006622

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

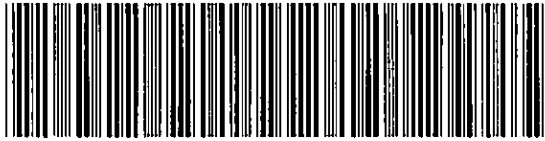
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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S. FRANKLIN  
TALLAHASSEE, FL

S. FRANKLIN  
NOV 18 2021

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 250766 8084636  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 70,000

ORDER DATE : November 16, 2021  
ORDER TIME : 9:15 AM  
ORDER NO. : 250766-005  
CUSTOMER NO: 8084636

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TALLAHASSEE, FL

FOREIGN FILINGS

NAME: CONTRACT WALL SOLUTIONS USA  
INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

         CERTIFIED COPY  
XX          PLAIN STAMPED COPY  
         CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER: \_\_\_\_\_

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations  
**SUBJECT:** CONTRACT WALL SOLUTIONS USA 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:  
MARK FEIGENBAUM

_____ FEIGENBAUM CONSULTING	Name of Person
_____ 201-1137 CENTRE STREET	Firm/Company
_____ THORNHILL, ONTARIO, L4J 3M6, CANADA	Address
_____ mark@feigenbaumlaw.com	City/State and Zip code
_____ E-mail address: (to be used for future annual report notification)	

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FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FL

For further information concerning this matter, please call:

Vanessa Colucci	905	695-1269
_____ Name of Person	at (_____) _____ 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

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 & 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.*

CONTRACT WALL SOLUTIONS USA 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)

2. DELAWARE \_\_\_\_\_ 3. N/A \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. NOVEMBER 4, 2021 \_\_\_\_\_ 5. N/A \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. N/A \_\_\_\_\_

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  
80 BASS PRO MILLS DRIVE, UNIT 18, VAUGHAN, ONTARIO, L4K 5W9, CANADA

7. \_\_\_\_\_  
(Principal office street address)  
80 BASS PRO MILLS DRIVE, UNIT 18, VAUGHAN, ONTARIO, L4K 5W9, CANADA  
\_\_\_\_\_  
(Current mailing address, if different)

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

Name: Corporation Service Company \_\_\_\_\_  
Office Address: 1201 Hays Street \_\_\_\_\_  
Tallahassee \_\_\_\_\_, Florida 32301 \_\_\_\_\_  
(City) (Zip code)

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TALLAHASSEE, FL  
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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.*

Corporation Service Company  
By: Alexis Weirnd, Assistant Vice President  
(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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

**A. DIRECTORS**

**GIUSEPPE DRAGO**

**ANTONINO SCIORTINO**

Chairman Name: \_\_\_\_\_

Chairman Name: \_\_\_\_\_

Vice Chairman Address: 1091 Deacon Drive, Milton, Ontario, L9T 5T1, CANADA

Vice Chairman Address: 2 Dorina Crescent, Scarborough, Ontario, M1L 1Y7, CANADA

Director \_\_\_\_\_

Director \_\_\_\_\_

President \_\_\_\_\_

President \_\_\_\_\_

Vice President \_\_\_\_\_

Vice President \_\_\_\_\_

Secretary \_\_\_\_\_

Treasurer \_\_\_\_\_

Secretary \_\_\_\_\_

Treasurer \_\_\_\_\_

Other \_\_\_\_\_

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 \_\_\_\_\_

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 Florida Department of State Annual Report form.

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.

**GIUSEPPE DRAGO, PRESIDENT & DIRECTOR**

13. \_\_\_\_\_  
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE  
TALLAHASSEE, FL

# Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CONTRACT WALL SOLUTIONS USA INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTEENTH DAY OF NOVEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CONTRACT WALL SOLUTIONS USA INC." WAS INCORPORATED ON THE FOURTH DAY OF NOVEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

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DELAWARE SECRETARY OF STATE



  
Jeffrey W. Bullock, Secretary of State

6366316 8300

SR# 20213815794

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 204708118

Date: 11-16-21