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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone #))
PICK-UP	TIAW [MAIL
(Bu	siness Entity Name)	
	omos emily mams,	
	ocument Number)	
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S. ROBERTS
MAR 0 1 2022

COVER LETTER

TO:		ation Section n of Corpora				
SURJ	ECT:	1446835 CA	NADA INC.			
	.,01		Name of corpo	ration - m	ist include suffix	
Dear S	Sir or Mad	lam:				
"Certi	ficate of I	Existence." (by Foreign Corporation "Certificate of Goo rporation to transact I	d Standing	" and check are sub	et Business in Florida." mitted to register the
Please	return al	l correspond	ence concerning this	matter to t	ne following:	
KEVR	N REDLIN	!G				
			Na	ne of Pers	on	
HARD	ING BEL	L INTERNA	TIONAL, INC			
			Firm	ı/Compan	,	
113 PC	ООТОТИС	PLAZA				
				Address		
AUBU	RNDALE	, FL 33823				
			City/9	tate and Z	ip code	
KEVII	N.REDLIN	G@HBITA				7-101
		F	E-mail address: (to be	used for fi	iture annual report r	notification)
For fu	rther info	rmation con	cerning this matter, p	ease call:		
KEVI	N REDLIN	∛G	863 at (,	68-1010	
	Name	of Person	Are	a Code	Daytime Telep	hone 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		k payable to:	following amount: FLORIDA DEPART \$78.75 Filing Fee & Certificate of Status	: □ \$7	STATE 8.75 Filing Fee & ertified Copy	S87.50 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.

		16 1	- Lucia and Planida	_
	able in Florida, enter alternate corporate name ado			
CANADA	y under the law of which it is incorporated)	-1548822 (FEI number, if a	1' 11)	_
June 04, 2019	of incorporation) 5.	(Day of Land) if also	- the management	-
			r than perpetual)	
	(Date first transacted business in FI			_
	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502.	orida, if prior to registration) , F.S., to determine penalty liabi	lity)	
65 RICHARD I	OVAT COURT, KLEINBURG, ONTARIO 1.0J	1C0 CANADA		
	(Principal office	street address)		-
				
	(Current mailing a	ddress, if different)		
	·		20	
Name and stree	et address of Florida registered agent: (P.O. E	Box NOT acceptable)	22 H	****
	HARDING BELL INTERNATIONAL, INC.		L AR	p :
Mamar	113 PONTOTOC PLAZA		- F	 !
Name:	113 PONTOTOC PLAZA	_	55E	: ";" ;
Name: Tice Address:				• 444 -):
	AUBURNDALE	, Florida 33823		ريخڪا ٿا. ۾
	AUBURNDALE (City)	Florida 33823	12: 31	إهلاما إ
fice Address:	(City)	Florida 33823	2022 MAR - I PM I2: 3 I	ريفشك ل
fice Address: Registered ag	(City) ent's acceptance:	(Zip code)		
fice Address: Registered agwing been nansignated in this	(City) ent's acceptance: ned as registered agent and to accept service is application, I hereby accept the appointmen	(Zip code) of process for the above state at as registered agent and ag	ed corporation at the present to act in this capa	plac icity
Tice Address: Registered ag ving been nan ignated in this ther agree to c	(City) ent's acceptance: ned as registered agent and to accept service	(Zip code) of process for the above state at as registered agent and ag tive to the proper and compl	ed corporation at the present to act in this capa	plac icity

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						
□Chairman	Name MIKEESH NIKHER, GUPTA	□Chairman	Name			
□Vice Chairman	Address: 165 RICHARD LOVAT CT	∃Vice Chairman	Address			
■ Director	KLEINBURGH, ONTARIO	Director				
□President	LOJ ICO CANADA	□President				
□Vice President		DVice President				
□Secretary	☐Ticasure:	□ Secretary		Treasurer		
□Other	Other	COther		(1)Other		
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
Director		Director				
□President		□President				
□Vice President		□Vice President				
☐Secretary	☐ Ireasurer	Secretary		☐Treasurer		
□Other		□Other		☐Other		
□Chairman	Name.	ClChairman	Name			
□Vice Chairman	Address	□Vice Chairman	Address:			
□Director		□Director				
□President		ClPresident				
□Vice President		□Vice President				
☐ Secretary	[]Treasurer	☐ Secretary		☐ Freusurer		
□Other		□Other		DOther		
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 filling your Florida Department of State Annual Report form						
12.	12. Askerty Cupits 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 \$ 817.155, F.S.						

Certificate of Compliance

Certificat de conformité

Canada Business Corporations Act s. 263.1

Loi canadienne sur les sociétés par actions art. 263.1

11446835 CANADA INC.

Corporate name / Dénomination sociale

1144683-5

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.



Isabelle Foley

Deputy Director / Directeur adjoint

2022-02-14

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