

F2000002702

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

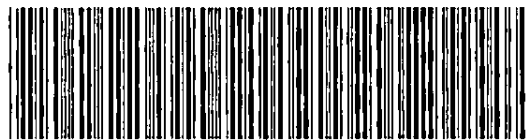
(Business Entity Name)

(Document Number)

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

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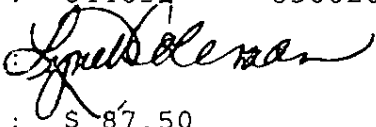
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2022 APR 29 PM 11:23  
STATE  
SALAHASSEET FLORIDA

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SALAHASSEET FLORIDA

T. LEMIEUX  
MAY - 2 2022

FILE 1ST

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

ACCOUNT NO. : I20000000195  
REFERENCE : 644652 8300201  
AUTHORIZATION :   
COST LIMIT : \$ 87.50

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ORDER DATE : April 28, 2022  
ORDER TIME : 8:39 AM  
ORDER NO. : 644652-005  
CUSTOMER NO: 8300201  
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FOREIGN FILINGS

NAME: 1000178732 ONTARIO LIMITED

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
       PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

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

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 1000178732 ONTARIO LIMITED

\_\_\_\_\_  
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:

Alissia De Grazia

\_\_\_\_\_  
Name of Person

Levy Salis LLP

\_\_\_\_\_  
Firm/Company

630 Sherbrooke Street West, Suite 910

\_\_\_\_\_  
Address

Montreal, Quebec, H3A 1E4, Canada

\_\_\_\_\_  
City/State and Zip code

adegrazia@levyialis.com

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

For further information concerning this matter, please call:

Alissia De Grazia

at ( 514 ) 940-8078

\_\_\_\_\_  
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

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.

1. 1000178732 ONTARIO LIMITED  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")  
1000178732 ONTARIO INC.  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

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

4. April 19, 2022 5. \_\_\_\_\_  
(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, P.S., to determine penalty liability)

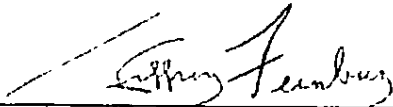
7. 44 Woodland Dr., Simcoe, Ontario, N3Y 4J9, Canada  
(Principal office street address)  
\_\_\_\_\_  
(Current mailing address, if different)

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

Name: Jeffrey Feinberg, Esq.  
Office Address: 4651 Sheridan Street, Suite 200  
Hollywood, Florida 33021  
(City) (Zip code)

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

**A. DIRECTORS**

Chairman Name: James Michael Robins  
 Vice Chairman Address:   
 Director 44 Woodland Dr.  
 President Simcoe, Ontario, N3Y 4J9, Canada  
 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.  April 26/22  
 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. James Michael Robins, President  
 (Typed or printed name and capacity of person signing application)



Ministry of Government and  
Consumer Services  
Ministère des Services gouvernementaux et  
des Services aux consommateurs

## Certificate of Status

## Attestation du statut juridique

Business Corporations Act

Loi sur les sociétés par actions

This is to certify that

La présente vise à attester que

**1000178732 ONTARIO LIMITED**

Corporation Name / Dénomination sociale

**1000178732**

Ontario Corporation Number / Numéro de société de l'Ontario

is a corporation incorporated, amalgamated or continued  
under the laws of the Province of Ontario according to the  
electronic records maintained by the Ministry of  
Government and Consumer Services.

est une société constituée en personne morale, fusionnée  
ou maintenue conformément aux lois de la province de  
l'Ontario, selon les dossiers électroniques tenus par le  
ministère des Services gouvernementaux et des Services  
aux consommateurs.

The corporation came into existence on April 19, 2022  
and has not been dissolved.

La société a vu le jour le 19 avril 2022  
et n'a pas été dissoute.

A handwritten signature in black ink that reads "Barbara Duckitt".

Director / Directeur

Business Corporations Act / Loi sur les sociétés par actions

Certified a true copy of the record of the  
Ministry of Government and Consumer Services.

A handwritten signature in black ink that reads "Barbara Duckitt".

Director/Registrar



Copie certifiée conforme du dossier du  
ministère des Services gouvernementaux et des  
Services aux consommateurs.

A handwritten signature in black ink that reads "Barbara Duckitt".

Directeur ou registrateur