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<u> </u>
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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2023 APR -5 FM 3: 4

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APR 0.5 2023

Incorporating Services, Ltd.

incserv°

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State

> The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303 corphelp@dos.myflorida.com

850-245-6051

FROM

Melissa Moreau

mmoreau@incserv.com

850.656.7953

REQUEST DATE 4/5/2023

PRIORITY Regular Approval

OUR REF # (Order_ID#) 1135053

ORDER ENTITY

1000494798 ONTARIO INC.

PLEASE PERFORM THE FOLLOWING SERVICES:

1000494798 ONTARIO INC. (FL)

File the attached foreign qualification document and provide a certified copy and certificate of status.

NOTES:

\$87.50 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Wednesday, April 5, 2023 Page 1 of 1

COVER LETTER

_	ration Section on of Corporations				
SUBJECT:	1000494798 ONTARIC	INC.			
	Name	of corporation	- mu	st include suffix	
Dear Sir or Ma	adam:				
"Certificate of	'Application by Foreign C 'Existence,'' or "Certificate red foreign corporation to t	e of Good Stan	ding"	and check are submi	
Please return a	dl correspondence concern	ing this matter	to the	e following:	
Eric Miller					
		Name of	Perso	n	
Altro LLP					
		Firm/Con	ipany		
155 University	Avenue, Suite 300				
		Addr	285	• •	
Toronto, Ontari	o, M5H 3B7				
		City/State ar	nd Zip	code	
emiller@altro	olaw.com				
<u> </u>	E-mail addres	s: (to be used t	or fut	ure annual report not	ification)
For further inf	ormation concerning this i	natter, please o	:all:		
Eric Miller		at (416)	477-8165	
Name	of Person	Area Codo	:	Daytime Telephor	ie 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	
	theck for the following am tek payable to: FLORIDA D ng Fee	EPARTMENT 1g Fee &	3 \$78.		■ \$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.

(Enter name of c	ONTARIO INC. orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
(If name unavail	able in Florida, enter alternate corporate name ac	lopted for the purpose of transacting l	business in Florida)
Canada	3.		
(State or countr	y under the law of which it is incorporated)	(FEI number, if appli	cable)
4. April 3, 2023	5.		
Date of incorporation) 5.		(Date of duration, if other than perpetual)	
ó			
	(Date first transacted business (SEE SECTIONS 607.1501 & 607.150	in Florida, if prior to registration)	`
7901 4th St N. St		2, F.S., to determine penany habinty	,
-	e 300, St. Petersburg, Florida, 33702 (Principal office	street address)	
350 January Co			
3. Janetie Co	urt, Mississauga, Ontario, Canada, L5A 3Z2 (Current mailing)	address, if different)	
	_		202
Name and <u>stre</u>	et address of Florida registered agent: (P.O	. Box <u>NOT</u> acceptable)	- AP
	et address of Florida registered agent: (P.O Northwest Registered Agent LLC	. Box <u>NOT</u> acceptable)	FIL 2023 APR - 5
Name:		. Box <u>NOT</u> acceptable)	5
3. Name and <u>stre</u> Name: Office Address:	Northwest Registered Agent LLC 7901 4th St N, Ste 300	. Box <u>NOT</u> acceptable) Florida 33702 (Zip code)	· 1 <u></u> -

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/ ⁻	Tom Glover
	(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.

A. DIRECTORS Name: Paul VARADY □ Chairman □ Chairman Name: Justine VARADY Address: 359 Janene Court □Vice Chairman □Vice Chairman Address: 359 Janene Court Mississauga, Ontario, Canada, L5A 3Z2 Mississauga, Ontario, Canada, L5A 3Z2 Director Director ■President □President □Vice President _____ □ Vice President □ Secretary ☐ Treasurer ■Treasurer Secretary □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. /s/ Paul VARADY 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. Paul VARADY, President of 1000494798 ONTARIO INC.

Transaction Number / Numéro de transaction: APP-A10161123160 Generated on: April 05, 2023, 09:51 / Généré le: 05 avril 2023, 09:51



Ministry of Public and Business Service Delivery Ministère des Services au public et aux entreprises

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

1000494798 ONTARIO INC.

Corporation Name / Dénomination sociale

1000494798

Ontario Corporation Number / Numero 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 Public and Business Service Delivery.

The corporation came into existence on April 03, 2023 and has not been dissolved.

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 au public et aux entreprises.

La société a vu le jour le 03 avril 2023 et n'a pas été dissoute.

V. Quintarilla W.

Director / Directeur Business Corporations Act / Loi sur les sociétés par actions

Certified a true copy of the record of the Ministry of Public and Business Service Delivery.

V. Quintarilla W

Director/Registrar



Copie certifiée conforme du dossier du ministère des Services au public et aux entreprises.

V. Quintarilla W.

Directeur ou registrateur