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	(Requestor's Name)	
	(Address)	
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	(Address)	
	(City/State/Zip/Phone #)	
	(City/State/Zip/Pflofie #)	
PICK-UP	WAIT	MAIL
	_	_
	(Business Entity Name)	
	(Document Number)	<u> </u>
	(2004)	
Certified Copies	Certificates of St	atus
·		
Special Instructions to	Filing Officer:	

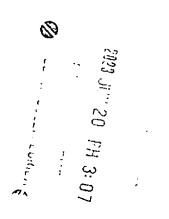
Office Use Only



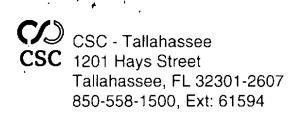
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2023 JUN 20 PM 5: 58 SECRELARY OF SALIF FALLARASSEE, FLORES

APPROVEU AND FILED



30% 20 **20%** K. Brumbi=y



To: Department Of State, Division Of Corporations

From: Eyliena Baker

Ext: 61594 Date: 06/20/23 Order #: 1227322-1

Re: Eleven-X Us Incorporated Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$70.00 - FL State Account Number:

12000000195

auth

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

_	stration Section sion of Corporations			
SUBJECT:	ELEVEN-X US INCORP	ORATED		
		ne of corporation -	must include suffix	
Dear Sir or M	fadam:			
"Certificate o	"Application by Foreign of Existence," or "Certificated foreign corporation to	ate of Good Standi	ng" and check are sub	
Please return	all correspondence conce	rning this matter to	the following:	
Sandra Lett				
		Name of Pe	rson	
Dentons Cana	da LLP			
		Firm/Compa	ıny	
1420 - 99 Ban	k Street			
		Address		
Ottawa, Ontar	io. Canada K1P 1H4			
		City/State and	Zip code	·
sandra.lett@de	entons.com			
	E-mail addr	ess: (to be used for	future annual report n	otification)
For further in	formation concerning this	matter, please cal	l:	
Sandra Lett		613 at () 783-9694 Daytime Telepl	
Nam	e of Person	Area Code	Daytime Telepl	none Number
Regis Divis The (2415	EET/COURIER ADDRI stration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 8 hassee, FL 32303		MAILING A Registration So Division of Co P.O. Box 6327 Tallahassee. F	ection orporations 7
	•	DEPARTMENT O	F STATE 678.75 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.

L ELEVEN-X US	INCORPORATED			
	orporation: must include "INCORPORATI orp," "Inc," "Co," or "Corp.")	ED." "C0	OMPANY," "CORPORATIO	N,"
				
(If name unavail	able in Florida, enter alternate corporate na	me adopt	ed for the purpose of transacti	ng business in Florida)
2. VIRGINIA		3.		
(State or countr	y under the law of which it is incorporated)	(FEI number, if a	pplicable)
4. APRIL 18, 2022	2	5		
(Date	of incorporation)	J	(Date of duration, if other	than perpetual)
6				
	(Date first transacted busine (SEE SECTIONS 607.1501 & 60			lity)
_ 100 SHOCKOE :	SLIP, 2ND FLOOR, RICHMOND, VIRGI			···· <i>; </i>
1	(Principal	office str	reet address)	,
				74 88 88 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
	(Current ma	ailing add	ress. if different)	JUN 2
				FILL PAR
8. Name and street	et address of Florida registered agent: (P.O. Bo	x <u>NOT</u> acceptable)	
Name:	Corporation Service Company			PH 5:
Office Address:	1201 Hays Street			25 26
	Tallahassee		. Florida 32301	
	(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.

Eylina Bahit

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]:

Director	□ Chairman	Name: Ryan Hickey	□Chairman	Daniel R. Mathers
Director St. Clements, Ontario, Canada NOB 2M0 Director President President Vice President Secretary Treasurer Other Ot	□Vice Chairman	Address: Beechwood Lane		Name:479 Chesapeake Drive
President	Director	St. Clements, Ontario, Canada N0B 2M0		Address: Waterloo, Ontario, Canada N2K 4Bs
Chairman Name: Chai	□President			
Secretary	□Vice President			
Chairman Name: Theodore Soepboer Chairman Name:				
Theodore Soepboer	Other	Other	Other	
Director	□ Chairman	Name: Theodore Soepboer		
□ Director Cambridge, Ontario, Canada N1S 3R6 □ Director □ President □ Vice President □ Vice President □ Vice President □ Other □ Oth	□Vice Chairman	29 West Cove		
□ President □ Vice President □ Vice President □ Other				Address:
President Pres	□President		- -	
Secretary Treasurer Secretary Treasurer Other			•	
Other			•	
Chairman Name:	Other	· 	-	
Chairman Name:				LJOther
Director	☐Chairman ì	Name:	□Chairman N	Jame:
Director Direct	JVice Chairman /	Address:		
President Vice President Vice President	Director _			
Ovice President]President _		□President _	
Secretary	Vice President		□Vice President _	
nportant Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed dividuals may be added to the index when filing your Florida Department of State Annual Report form. Signature of Director or Officer the officer or director signing this document (and who is listed in result at the box.)	Secretary	□Treasurer	□Secretary	
Signature of Director or Officer the officer or director signing this document (and who is listed in any last).]Other	Other	Other	Other
Signature of Director or Officer	•	The same state of the same sta	tachment will be imaged fo nent of State Annual Repor	or reporting purposes only. Non-indexed
he 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 Officer	
	ne officer or director e is aware that false	signing this document (and who is listed in numb information submitted in a document to the Depa	per 11 above) affirms that the state of State constitutes	he facts stated herein are true and that he

(Typed or printed name and capacity of person signing application)

Commonwealth of Hirginia



State Corporation Commission

CERTIFICATE OF GOOD STANDING

1 Certify the Following from the Records of the Commission:

That Eleven-X US Incorporated is duly incorporated under the law of the Commonwealth of Virginia;

That the corporation was incorporated on April 18, 2022;

That the corporation's period of duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

June 20, 2023

Bernard J. Logan, Clerk of the Commission

CERTIFICATE NUMBER: 2023062018895875