

# F18 000004915

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

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

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2018 OCT 29 AM 7:57

OFFICE OF STATE  
SOLICITOR GENERAL  
TALLAHASSEE, FLORIDA

10 OCT 29 PM 4:24

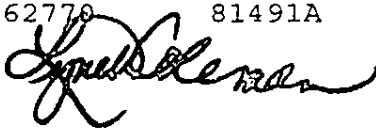
T. CLINE

OCT 30 2018

EXAMINER

FILE 1ST

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

ACCOUNT NO. : I20000000195  
REFERENCE : 462770 81491A  
AUTHORIZATION :   
COST LIMIT : \$ 78.75

ORDER DATE : October 29, 2018

ORDER TIME : 3:11 PM

ORDER NO. : 462770-005

CUSTOMER NO: 81491A

FOREIGN FILINGS

NAME: 2043836 ONTARIO LIMITED,  
INC.

RECEIVED BY STATE  
TALLAHASSEE, FLORIDA

2018 OCT 29 AM 7:57

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XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
       PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

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

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 2043836 Ontario Limited, 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:

Emily S. Carvalho

Name of Person

Jones, Foster, Johnston & Stubbs, P.A.

Firm/Company

505 S. Flagler Drive, Suite 1100

Address

West Palm Beach, FL 33401

City/State and Zip code

ccarvalho@jonesfoster.com

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

For further information concerning this matter, please call:

Emily Carvalho

at ( 561 ) 650-0445

Name of Person

Area Code

Daytime Telephone Number

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$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

2016 OCT 29 AM 7:57  
TALLAHASSEE, FL 32301  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA

FILED

**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.*

2043836 Ontario Limited, 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. Ontario, Canada

3. 98-1074391

(State or country under the law of which it is incorporated)

(FEI number, if applicable)

4. March 30, 2004

5.

(Date of incorporation)

(Date of duration, if other than perpetual)

6. The corporation has not transacted business in Florida prior to registration.

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 10 Lillington Street, Brampton, Ontario, L6S 4B9 Canada

(Principal office address)

(Current mailing address, if different)

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

Name:

Michael Perry

Office Address:

712 S. Ocean Blvd.

Flagler Beach

32136

(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.*

(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.

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2010 OCT 29 AM 7:57  
DEPT. OF STATE  
TALLAHASSEE, FLORIDA

11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: Brian Gomes

Address: 10 Lillington Street  
Brampton, Ontario L6S 4B9 Canada

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Brian Gomes

Address: 10 Lillington Street  
Brampton, Ontario L6S 4B9 Canada

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

Address: \_\_\_\_\_

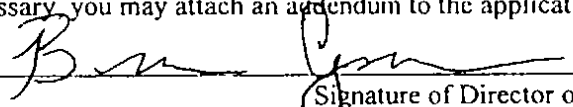
Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

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.

13. Brian Gomes

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

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2018 OCT 29 AM 7:57  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

Request ID: 022181189  
Demande n° :  
Transaction ID: 69464268  
Transaction n° :  
Category ID: CT  
Catégorie :

Province of Ontario  
Province de l'Ontario  
Ministry of Government Services  
Ministère des Services gouvernementaux

Date Report Produced: 2018/09/28  
Document produit le :  
Time Report Produced: 15:01:16  
Imprimé à :

## **CERTIFICATE OF STATUS ATTESTATION DU STATUT JURIDIQUE**

This is to certify that according to the records of the Ministry of Government Services

D'après les dossiers du Ministère des Services gouvernementaux, nous attestons que la société

**2043836 ONTARIO LIMITED**

Ontario Corporation Number

Numéro matricule de la société (Ontario)

**002043836**

is a corporation incorporated, amalgamated or continued under the laws of the Province of Ontario.

est une société constituée, prorogée ou née d'une fusion aux termes des lois de la Province de l'Ontario.

The corporation came into existence on

La société a été fondée le

**MARCH 30 MARS, 2004**

and has not been dissolved.

et n'est pas dissoute.

Dated

Fait le

**SEPTEMBER 28 SEPTEMBRE, 2018**



Director  
Directeur