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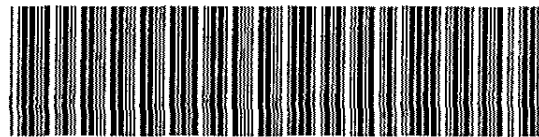
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1065840 ONTARIO 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," 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:

PETER E. SAVITZ
(Name of Person)

1065840 ONTARIO INC.
(Firm/Company)

1111 LINCOLN ROAD, FOURTH FLOOR, MIAMI BEACH, FL 33139
(Address)

(City/State and Zip code)

For further information concerning this matter, please call:

PETER E. SAVITZ at (754) 244-2445
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

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

**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. 1065840 ONTARIO INC.
(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. 98-0437103
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. FEBRUARY 18, 1994 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
CANADA 2065 DUNDAS STREET WEST, MISSISSAUGA, ONTARIO CANADA L4X 2W1
7. UNITED STATES 1111 LINCOLN ROAD, FOURTH FLOOR, MIAMI BEACH, FL 33139
(Principal office address)

1200 N.E. MIAMI GARDENS DRIVE, SUITE 806, NORTH MIAMI BEACH, FL 33159
(Current mailing address)

8. DISTRIBUTOR
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: PETER SAVITZ

Office Address: 1111 LINCOLN ROAD, FOURTH FLOOR, MIAMI BEACH, FL 33139

MIAMI BEACH, Florida 33139
(City) (Zip code)

10. 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)

11. 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.

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

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SECRETARY OF STATE
DIVISION OF CORPORATION

A. DIRECTORS

Chairman: PETER E. SAVITZ
Address: 1200 N.E. MIAMI GARDENS DRIVE
NORTH MIAMI BEACH, FLORIDA 33159

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: PETER E. SAVITZ

Address: 1200 N.E. MIAMI GARDENS DRIVE
NORTH MIAMI BEACH, FLORIDA 33159

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. Peter E. Savitz
(Signature of Director or Officer listed in number 12 of the application)

14. PETER E. SAVITZ - CONTROLLER
(Typed or printed name and capacity of person signing application)

Request ID: 006573891
Demande n° :
Transaction ID: 25089204
Transaction n° :
Category ID: CT
Catégorie :

Province of Ontario
Province de l'Ontario
Ministry of Consumer and Business Services
Ministère des Services aux consommateurs et aux entreprises
Companies and Personal Property Security Branch
Direction des compagnies et des sûretés mobilières

Date Report Produced: 2004/11/17
Document produit le :
Time Report Produced: 14:36:19
Imprimé à :

CERTIFICATE OF STATUS ATTESTATION DU STATUT JURIDIQUE

This is to certify that according to the records of the Companies and Personal Property Security Branch

D'après les dossiers de la Direction des compagnies et des sûretés mobilières, nous attestons que la société

1065840 ONTARIO INC.

Ontario Corporation Number

Numéro matricule de la société (Ontario)

001065840

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

FEBRUARY 18 FÉVRIER, 1994

and has not been dissolved.

et n'est pas dissoute.

Dated

Fait le

NOVEMBER 17 NOVEMBRE, 2004



Director
Directrice