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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

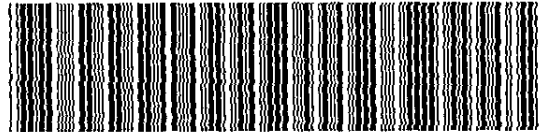
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SP

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: ELLISDON SERVICES, 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:

MARYANN MOONS

(Name of Person)

ELLISDON INC.

(Firm/Company)

2045 OXFORD ST. E., PO BOX 5093

(Address)

LONDON, ONTARIO, CANADA N6A 4M6

(City/State and Zip code)

For further information concerning this matter, please call:

MARYANN MOONS

(Name of Person)

at (519) 659-5416

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

New Filing 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. **ELLISDON SERVICES, 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. **DELAWARE**

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

3. **51-0548163**

(FEI number, if applicable)

4. **06/17/2005**

(Date of incorporation)

5. **PERPETUAL**

(Duration: Year corp. will cease to exist or "perpetual")

6. **10/01/2005**

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **265 PROMENADE CIRCLE, HEATHROW, FLORIDA, 32746**

(Principal office address)

C/O ELLISDON INC., PO BOX 5093, LONDON, ONTARIO, CANADA N6A 4M6

(Current mailing address)

8. **CONSTRUCTION MANAGEMENT SERVICES**

(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: **SKRLD, INC.**

Office Address: **#1102 - 201 ALHAMBRA CIRCLE**

CORAL GABLES

(City)

, Florida **33134**

(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:

A. DIRECTORS

Chairman: GEOFFREY SMITH

Address: 290 DONESSLE DRIVE, OAKVILLE, ONTARIO, CANADA L6J 3Y6

Vice Chairman: _____

Address: _____

Director: JOHN BERNHARDT

Address: 22 SEPTEMBER LANE, LONDON, ONTARIO, CANADA N6K 3Y6

Director: JAMES KING

Address: 40 SCOTTSDALE ROAD, LONDON, ONTARIO, CANADA N6P 1C8

B. OFFICERS

President: GEOFFREY SMITH

Address: as above

Vice President: BRUCE BLAIR

Address: 265 PROMENADE CIRCLE, HEATHROW, FLORIDA, 32746

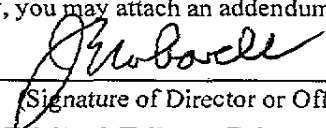
Secretary: JAMES KING

Address: as above

Treasurer: JOHN BERNHARDT

Address: as above

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

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

14. JOHN BERNHARDT, DIRECTOR/TREASURER

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

FILED
JAN 23 AM 7:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

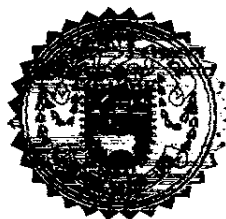
Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ELLISDON SERVICES INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF JANUARY, A.D. 2006.

FILED
06 JAN 23 AM 7:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4418832

DATE: 01-03-06