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TALLAHASSEE, FLORIDA

J. Shivers AUG 21 2009

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** KA-CHING 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:

Madiha Nashib

Name of Person

INFOTAXSQUARE.COM INC.

Firm/Company

109-13 Centerville Street, Suite 3R

Address

Ozone Park, NY 11417

City/State and Zip code

ray.riddell@sympatico.ca

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

For further information concerning this matter, please call:

Madiha Nashib

Name of Person

at ( 718 ) 558-4333/738-3138

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

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**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. KA-CHING INC.**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

**PRICE ERASER, INC.**

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

**2. Ontario, Canada**

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

**3.**

(FEI number, if applicable)

**4.**

(Date of incorporation)

**5.**

**Perpetual**

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

**6. N/A**

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

**7. 705 Mortimer Dr. Cambridge Ontario Canada N3H 5R6**

(Principal office address)

**705 Mortimer Dr. Cambridge Ontario Canada N3H 5R6**

(Current mailing address)

**8. Technology 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: **Thomas Tyrkala**

Office Address: **12348 Delbarton Street**

**Spring Hill**, Florida **34609**

(City)

(Zip code)

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**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: Raymond V. Riddell

Address: 705 Mortimer Dr.

Cambridge Ontario Canada N3H 5R6

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

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

Director: Raymond V. Riddell

Address: 705 Mortimer Dr.

Cambridge Ontario Canada N3H 5R6

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

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

**B. OFFICERS**

President: Raymond V. Riddell

Address: 705 Mortimer Dr.

CAMBRIDGE ONTARIO CANADA N3H 5R6

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. \_\_\_\_\_

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

14. Raymond V. Riddell

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

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Industry Canada

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**CERTIFICATE OF COMPLIANCE**  
s. 263.1 (1)(a)(b)

**CERTIFICAT DE CONFORMITÉ**  
art. 263.1 (1)(a)(b)

**KA-CHING INC.**

**670325-9**

Name of corporation-Dénomination sociale

Corporation number-Numéro de la société

I HEREBY CERTIFY that the corporation named above is incorporated or continued under the *Canada Business Corporations Act*, is not discontinued and has not been dissolved under that Act.

JE CERTIFIE, par les présentes, que la société ci-dessus mentionnée est constituée ou prorogée en vertu de la *Loi canadienne sur les sociétés par actions*, qu'elle n'a pas changé de régime et qu'elle n'a pas été dissoute en vertu de cette Loi.

This corporation has sent to the Director the required Annual Returns and has paid all fees required under the Act.

Cette société a remis au directeur les rapports annuels prescrits et acquitté les droits requis par la Loi.

Aïssa Aomari  
Deputy Director - Directeur adjoint

August 10, 2009 / le 10 août 2009

Issuance date - Date d'émission

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TALLAHASSEE, FLORIDA

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