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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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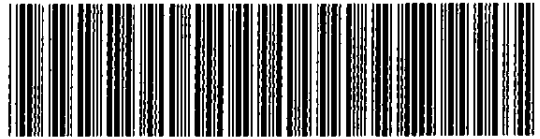
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01-22-10

COVER LETTER

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2010 JAN 21 P 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO: New Filing Section
Division of Corporations

SUBJECT: 2227078 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," 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:

Paul G. Schlichte
Name of Person
Ray A. Schlichte SR. P.A.
Firm/Company
2134 Hollywood Blvd
Address
Hollywood Fla. 33020
City/State and Zip code
PSchlichte@Schlichtelaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paul Schlichte at (954) 923-4604
Name of Person 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. 2227078 ONTARIO INCORPORATED
(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. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. DEC 11 / 09 5. _____
(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)

7. 29 TOURNAMENT DRIVE, NORTH YORK, M2P 1K1, ONTARIO
CANADA
(Principal office address)

(Current mailing address)

8. ANY AUTHORIZED BUSINESS ACTIVITY
(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: Paell G. Schlichter, Esq.

Office Address: 2134 Hollywood Blvd.

Hollywood, Florida 33020
(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 / OFFICERS

Chairman: ~~SM~~^{M.M.} MICHELLE MAZZEI

Address: 29 TOURNAMENT DRIVE
NORTH YORK, ONT, CANADA, M2P1K1

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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B. OFFICERS

President: _____

Address: _____

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. MICHELLE MAZZEI

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

Request ID: 011881943
Demande n° :
Transaction ID: 40373416
Transaction n° :
Category ID: CT
Catégorie :

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

Date Report Produced: 2010/01/20
Document produit le :
Time Report Produced: 10:02:55
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

2227078 ONTARIO INC.

Ontario Corporation Number

Numéro matricule de la société (Ontario)

002227078

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

DECEMBER 10 DÉCEMBRE, 2009

and has not been dissolved.

et n'est pas dissoute.

Dated

Fait le

JANUARY 20 JANVIER, 2010



Director
Directrice

The issuance of this certificate in electronic form is authorized by the
Ministry of Government Services.

La délivrance du présent certificat sous forme électronique est autorisée par le
Ministère des Services gouvernementaux.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 JAN 21 P 4:01

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