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COVER LETTER

TO:	New Filing Section Division of Corporations			
SUBJ	ECT: 860190 ONTARIO LIMITED CO).		
(Name of corporation - must include suffix)				
Dear S	ir or Madam:			
"Certif	closed "Application by Foreign Corporation for Authoficate of Existence," and check are submitted to register to business in Florida.			
Please	return all correspondence concerning this matter to the	following:		
BRE	ENT S. McLEAN, CPA			
	(Name of Perso	n)		
THO	MAS C. ROBERGE & COMPANY			
(Firm/Company)				
1 BE	ACH DRIVE S, SUITE 220			
	(Address)			
ST. I	PETERSBURG, FLORIDA 33701			
	(City/State and Zi	o code)		
For fur	ther information concerning this matter, please call:			
BRENT S. McLEAN, CPA at (727) 822-9393				
(Name of Person) (Area Code & Daytime Telephone Number)				
	•			
	STREET/COURIER ADDRESS:	MAILING ADDRESS:		
	New Filing Section Division of Corporations	New Filing Section Division of Corporations	3	
	Clifton Building	P.O. Box 6327		
	2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314		
Enclose	ed is a check for the following amount:			
\$ 70.	· — - —	ified Copy Cert	0 Filing Fee, ificate of Status & ified Copy	



SUSAN INEZ POSKUS, CPA · BRENT S. MCLEAN, CPA · TOM SWAPP, CPA · AMANDA JOURET, CPA · ROBERT S. BLUMENFELD, ESQ

May 2, 2011

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: 860190 ONTARIO LIMITED

To Whom It Concerns:

Enclosed is our check for \$70, your Application for Authorization to Transact Business in Florida and an original Certificate of Good Standing for 860190 Ontario Limited.

We ask that you process this application and send the Qualification to Transact Business in Florida to my attention at our St. Petersburg address.

Please contact me at 727 822 9393 if you have questions.

Sincerely,

Brent S. McLean, CPA

BMS/slh Enclosures



RECEIVED

11 MAY 23 AM II: 30

PLORIDA DEPARTMENT OF STATE TO STATE Division of Corporations TOTSION OF CORPORATIONS

May 10, 2011

BRENT S. MCLEAN, CPA 1 BEACH DRIVE S, SUITE 220 ST. PETERSBURG, FL 33701

SUBJECT: 860190 ONTARIO LIMITED CO.

Ref. Number: W11000025923

We have received your document for 860190 ONTARIO LIMITED CO. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The use of LIMITED or LTD. is not sufficient as a corporate designation. The name must include a word such as INCORPORATED, INC., CORPORATION or CORP.

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$950.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6949.

Thomas Chang Regulatory Specialist II

Letter Number: 311A00011563

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA S REGISTER A FOREIGN CORPORATION TO TRANSACT.		
860190 ONTARIO LIMITED INC.	A T	7
(Enter name of corporation; must include "INCORPORATED "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") 860190 ONTARIO LIMITED CORP.		
(If name unavailable in Florida, enter alternate corporate name	<u>⊇</u> ₹	
	98-0692099	
2. (State or country under the law of which it is incorporated)	(FEI number, if applicable)	
4. FEBRUARY 27, 2008	"DEDDETIIAL"	
(Date of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")	
6.		
(Date first transacted business i	in Florida, if prior to registration) 502, F.S., to determine penalty liability)	
_{7.} <u>1</u> BEACH DR SE - SUITE 220, ST PE	TERSBURG, FL 33701	
(Principal office add	iress)	
1 BEACH DR SE - SUITE 220, ST PE	· · · · · · · · · · · · · · · · · · ·	
(Current mailing add	lress)	
8. REAL ESTATE RENTAL		
(Purpose(s) of corporation authorized in home state or co	ountry to be carried out in state of Florida)	
9. Name and street address of Florida registered agent: (P.C	O. Box NOT acceptable)	
Name: SUSAN INEZ POSKUS, C		
1 DEACH DO SE CHITE!		
Office Address.	22704	
ST. PETERSBURG	, Florida 33701	
(City)	(Zip code)	
10. Registered agent's acceptance: Having been named as registered agent and to accept servi designated in this application, I hereby accept the appoints further agree to comply with the provisions of all statutes r and I am familiar with and accept the obligations of my po	ment as registered agent and agree to act in this capacity. It elative to the proper and complete performance of my dutic	r e s,

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: NORMAN C. MAIA Address: C/O THOMAS C. ROBERGE & COMPANY, 1 BEACH DRIVE SE - SUITE 220 ST. PETERSBURG, FLORIDA 33701 Vice Chairman: Address: _ **B. OFFICERS** President: NORMAN C. MAIA Address: C/O THOMAS C. ROBERGE & COMPANY, 1 BEACH DRIVE SE - SUITE 220 ST. PETERSBURG, FLORIDA 33701 Vice President: NORMAN C. MAIA Address: C/O THOMAS C. ROBERGE & CO., 1 BEACH DRIVE SE, SUITE 220 ST. PETERSBURG, FLORIDA 33701 Secretary: NORMAN C. MAIA Address: C/O ROBERGE & CO, 1 BEACH DR SE, # 220, ST PETERSBURG, FL 33701 NORMAN C. MAIA C/O ROBERGE & CO, 1 BEACH DR SE, #220, ST PETERSBURG, FL 33701 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application) 14 NORMAN C. MAIA (Typed or printed name and capacity of person signing application)

Request ID: Demande n° :

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Transaction ID: 43961414 Transaction n°:

Category ID: (Catégorie : Province of Ontario Province de l'Ontario Ministry of Government Services Ministère des Services gouvernementaux Date Report Produced: 2011/03/31

Document produit le :

Time Report Produced: 11:43:10

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 C Services gouvernementaux, nous attestons que la société

860190 ONTARIO LIMITED

Ontario Corporation Number

Numéro matricule de la société (Ontario)

000860190

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

OCTOBER 03 OCTOBRE, 1989

and has not been dissolved.

et n'est pas dissoute.

Dated

Fait le

MARCH 31 MARS, 2011

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.