

FK40000002785

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400261376754

FILED
14 JUN 26 PM 1:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400261376754
06/26/14--01031--008 **78.75

MD 6/27

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: ATCS CANADA 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:

Adam R. Seligman, Esq.

Name of Person

Ward Damon

Firm/Company

4420 Beacon Circle

Address

West Palm Beach, FL 33407

City/State and Zip code

aseligman@warddamon.com

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

For further information concerning this matter, please call:

Adam R. Seligman, Esq. at (561) 842-3000

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:

- | | | | |
|---------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$70.00 Filing Fee | <input checked="" type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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. **ATCS CANADA 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. **CANADA**

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

3. _____

(FEI number, if applicable)

4. **MAY 14, 2014**

(Date of incorporation)

5. **PERPETUAL**

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

6. **NONE**

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

7. **6 Cortleigh Court, Richmond Hill, Ontario, Canada L4B 3G9**

(Principal office address)

6 Cortleigh Court, Richmond Hill, Ontario, Canada L4B 3G9

(Current mailing address)

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

Name: **Adam R. Seligman, Esq.**

Office Address: **4420 Beacon Circle**

West Palm Beach, Florida **33407**

(City)

(Zip code)

9. 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)

10. 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.

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

A. DIRECTORS

Chairman: Refat Samuel

Address: 6 Cortleigh Court, Richmond Hill, Ontario, Canada L4B 3G9

Vice Chairman: Renee Samuel

Address: 6 Cortleigh Court, Richmond Hill, Ontario, Canada L4B 3G9

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Refat Samuel

Address: 6 Cortleigh Court, Richmond Hill, Ontario, Canada L4B 3G9

Vice President: Renee Samuel

Address: 6 Cortleigh Court, Richmond Hill, Ontario, Canada L4B 3G9

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

12. 

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Refat Samuel, President

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

FILED
14 JUN 26 PM 1:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTARIAL CERTIFICATE OF TRUE COPY

CANADA)
) TO ALL WHOM THESE PRESENTS
PROVINCE OF ONTARIO)
) MAY COME, BE SEEN OR KNOWN
)
TO WIT)

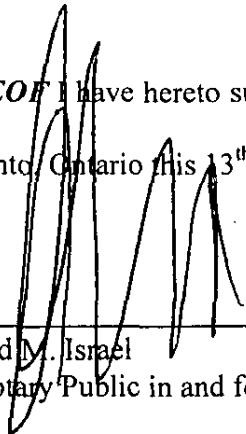
FILED
14 JUN 26 PM 1:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, DAVID M. ISRAEL, a Notary Public, in and for the Province of Ontario, by Royal Authority duly appointed, residing at the City of Toronto, in said Province of Ontario, **DO CERTIFY AND ATTEST** that the paper-writing hereto annexed is a true copy of the document produced and shown to me and purporting to be a copy of a CERTIFICATE OF STATUS for ATCS CANADA INC. dated the 13th day June, 2014.

The said copy having been compared by me with the said original document, an act whereof being requested I have granted under my Notarial Form and Seal of Office to serve and avail as occasion shall or may require.

IN TESTIMONY WHEREOF I have hereto subscribed my name and affixed my Notarial Seal of Office at the City of Toronto, Ontario this 13th day of June, 2014.

SEAL



David M. Israel
A Notary Public in and for the Province of Ontario

Request ID: 016549886
Demande n° :
Transaction ID: 54532659
Transaction n° :
Category ID: CT
Catégorie :

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

Date Report Produced: 2014/06/13
Document produit le :
Time Report Produced: 08:46:40
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

ATCS CANADA INC.

Ontario Corporation Number

Numéro matricule de la société (Ontario)

002418726

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

MAY 14 MAY, 2014

and has not been dissolved.

et n'est pas dissoute.

Dated

Fait le

JUNE 13 JUIN, 2014



Director
Directeur

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.

FILED
14 JUN 26 PM 1:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA