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(Requestor's Name)				
(Address)				
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(Cit	y/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Name	e)		
(Document Number)				
Certified Copies	_ Certificates o	of Status		
Special Instructions to Filing Officer:				



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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 19, 2014

DANIELA ATZORI LNT SOLUTIONS INCORPORATED 449 WALMER ROAD, SUITE 401 TORONTO,ONTARIO,CANADA, M5P2X-9

SUBJECT: LNT SOLUTIONS INCORPORATED

Ref. Number: W14000038393

We have received your document for LNT SOLUTIONS INCORPORATED and check(s) totaling \$87.50. However, your check(s) and document are being returned for the following:

Office policy prevents this office from processing the enclosed check(s). All checks processed by this office must be payable in U.S. dollars and drawn on a bank located in the United States.

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

The document must contain both the street address of the principal office and the mailing address of the entity.

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) 245-6052.

Maryanne Dickey Regulatory Specialist II

Letter Number: 714A00013361

COVER LETTER

Division of Corporations	
SUBJECT: LNT Solutions Incorporated	
Name of corporation - must inclu	ide suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization "Certificate of Existence," or "Certificate of Good Standing" and clabove referenced foreign corporation to transact business in Florida	heck are submitted to register the
Please return all correspondence concerning this matter to the following	wing:
Daniela Atzori	
Name of Person	
LNT Solutions Incorporated	
Firm/Company	A
449 Walmer Road, Suite 401	
Address	
Toronto, Ontario, Canada M5P 2X9	
City/State and Zip code	
daniela@dataccounting.ca	
E-mail address: (to be used for future and	nual report notification)
For further information concerning this matter, please call:	
Daniela Atzori at (416) 525-7	7119
	time Telephone Number
New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	AILING ADDRESS: ew Filing Section vision of Corporations O. Box 6327 Ilahassee, FL 32314
Enclosed is a check for the following amount:	
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ☐ Certified C	ž ,

	TION BY FOREIGN CORPORA RUSINES	S IN FLORIDA	ON TO TRANSACT
`			
	WITH SECTION 607.1503, FLORIDA EIGN CORPORATION TO TRANSAC		
LNT Solut	tions Incorporated		
	rporation; must include "INCORPORATE rp," "Inc," "Co," or "Corp.")	D," "COMPANY," "CORPORATIO	ON,"
(If name unavailab	ole in Florida, enter alternate corporate nar	ne adopted for the purpose of transact	ing business in Florida)
_{2.} Ontario, C	Canada	3 <i>N/A</i>	
(State or country u	nder the law of which it is incorporated)	(FEI number, if ap	plicable)
4. April 13, 2		5. PERPETUAL	
(Date o	of incorporation)	(Duration: Year corp. will cease	to exist or "perpetual")
6			
		s in Florida, if prior to registration) 7.1502, F.S., to determine penalty liab	ility)
7. 16-150	AVIATION LOOP DRIVE	P.O. BOX 15011 BROOKS	VILLE FL 34604
	(Principal office a	ddress)	
449 Walme	er Road, Suite 401, Toror	nto, Ontario M5P 2X9	
	(Current mailing a	ddress)	
8. expanding	g our business into the l	JS market	
(Purpose(s)	of corporation authorized in home state or	country to be carried out in state of F	lorida)
9. Name and street	address of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	
Name:	Daniela Atzori		
Office Address:	2100 South Ocean Lane #	1412	
	Fort Lauderdale	, Florida 33316 (Zip code)	
	(City)	(Zip code)	
designated in this d further agree to co	ent's acceptance: d as registered agent and to accept se application, I hereby accept the appoi mply with the provisions of all statute miliar with and accept the obligation	ntment as registered agent and ag is relative to the proper and comp	gree to act in this capacity. Hete performance of my

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.

(Registered agent's signature)

A. DIRECTORS	
Chanman	
Address	
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Vice Chaumar	
Address	5
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Director	٧
	22 -
Address'	a vient annum propries de la composition della c
Director	
Address:	manifestation (a.) a country on the second of the second
B. OFFICERS President: Kelvin Williamson	
1100 Deideranant Deive	
Jordan Station, Ontario, Canada	LOR 1SO
Vice President Karen Engelbrecht	2011 100
Vice President 16150 Aviation Loop Drive POR	ov 15011
Address: 16150 Aviation Loop Drive, PO B Brooksville, Florida, 34604	0. 13011
Brooksville, Florida, 34604	
Secretary.	
Address:	
freasurer	
Address	
NOTE: If accessary, you may automah ah addendum to the ap	plication listing additional officers and/or directors.
Signature of Dire	
The officer or director signing this document (and who is his are true and that he or she is aware that false information substituted degree felony as provided for in \$.817.155, F.S.	ted in number 12 above) affirms that the facts stated herein omitted in a document to the Department of State constitutes
14. Kelvin Williamson, President	
(Typed or printed name and capacity	of person signing application)

Request ID: Demande n° . 016523870

Transaction ID: 54458741 Transaction n°:

Category ID: Catégorie :

Province of Ontario Province de l'Ontario

 Ministry of Government Services Ministère des Services gouvernementaux Date Report Produced: 2014/06/05

Document produit le :

Time Report Produced: 11:33:59

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 dés Services gouvernementaux, nous aftestohs que la société

LNT SOLUTIONS INCORPORATED

Ontario Corporation Number

Numéro matricule de la société (Ontario)

001656325

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

APRIL 13 AVRIL, 2005

and has not been dissolved.

et n'est pas dissoute.

Dated

Fait le

JUNE 05 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.