F1500005148

(Re	questor's Name)						
(Ad	dress)						
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(City/State/Zip/Phone #)							
PICK-UP	WAIT	MAIL					
(Business Entity Name)							
(Do	cument Number)						
Certified Copies	_ Certificates	of Status					
Special Instructions to Filing Officer:							
W15-75	895						





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NOT INTENDED TO ACKNOWLEDGE SUFFICIENCY OF FILING

RECEIVED

DEPARTMENT OF STATES

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SECKETARY OF STATE

HOV 20 2015). BRUCE



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 19, 2015

CSC COURTNEY WILLIAMS

SUBJECT: 2319215 ONTARIO INC.

Ref. Number: W15000075895

RESUMMENT
Please give original submission date as file date.

We have received your document for 2319215 ONTARIO INC. and the authorization to debit your account in the amount of \$70.00. However, the document has not been filed and is being returned for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 815A00024438

SECRETARY OF STATE

www.sunbiz.org

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

1. 1

ACCOUNT NO. : I2000000195

REFERENCE

AUTHORIZATION

70.00 COST LIMIT

ORDER DATE: November 9, 2015

ORDER TIME : 11:19 AM

ORDER NO. : 864974-005

CUSTOMER NO: 12113A

FOREIGN FILINGS

NAME: 2319215 ONTARIO LIMITED

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY ____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

COVER LETTER

TO:	Registration Section					
	Division of Corporations					
C1 # YF 1	2319215 ÖNTARIO LI	MITED				
SUB,	ECT:			:		
	įX	ame or corpora	mon - musi	include suffix		
Dear !	Sir or Madam:					
"Certi	nclosed "Application by Foreign ficate of Existence," or "Certi- referenced foreign corporation	ficate of Good	Standing"	and check are sub		
Please JOSEI	return all correspondence cor PH G. SPERANZINIJIANET CO	iceming this m LBY	atter to the	following:		
SCAR	FONE HAWKINS LLP	Name	e of Person	Pri Pri Comen and Maria de la come de la comencia del la comencia de la comencia del la comencia de la comencia del la comencia de la comencia del la co		
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jeathy	⊕́ shlaw.ca	Ciry/Sta	ate and Zip	code	SEC	9815
	E-mail ad	Idress: (to be u	sed for futu	re annual report i	**************************************	
For fu	rther information concerning t				- SS -	
	PH SPERANZINI	•		: 13779	1 mg	>
JOSE		905 at (L1333		, O
	Name of Person			Daytime Telepl		5
	STREET/COURIER ADD Registration Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, Fl. 32301			MAILING Al Registration Sc Division of Co P.O. Box 6327 Tallahassee, F	ection orporations	
Enclo	sed is a check for the following	g amount:				
□ \$ 7		Filing Fee & cate of Status		75 Filing Fee & fied Copy	S87.50 Filir Certificate Certified C	of Status &

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607,1503, FLORIDA STATUTES, THE FOLLOWING IN SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. 2319215 ONTARIO INC. (finter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.") (If name unavailable in Viorida, enter alternate corporate name adopted for the purpose of transacting business in Florida). ONTARIO, CANADA (State or country under the law of which it is incorporated) MARCH 5, 2012 (FEI number, if applicable) NA (Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 155 WINONA ROAD, STONEY CREEK, ONTARIO, 18E 5K4 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: Tallahassee 32301 (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 stapped 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. Corporation Service Company By:

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.

(Registered agent's signature)

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

TOM BERALIX)		
Chairman: 155 WINONA ROAD, STONEY CREEK, ONTARIO, L8E 5K-	- Additional Control of the Control	~
Address		
Vice Chairman		
Vice Chairman;		
Address:		
Director:		
Address:		
Director:		
Address:	and the second s	
B. OFFICERS		
TOM BERALDO		
resident: 155 WINONA ROAD, STONEY CREEK, ONTARIO, 18E 5K-	-	
Address		
		77
Vice President:	VSSE I	4-11-74-7
	$m_{\omega_{\gamma}}$	
Address:	~ _o	
TOM BERALDO	202	
iss winona road, stoney creek, ontario, use sk-		 ~
Address:		
recourer:		
Athlress:		**
NOTE: If necessary, you may attach an addendum to the application		
2. Signature of Director or		
Signature of Director or The officer or director signing this document (and who is listed in n	Officer/	
we true and that he or she is aware that false information submitted	in adocument to the Department of State const	erem titutes
third degree felony as provided for in \$,817,155, F.S. TOMBERALDO, PRESIDENT	, , , , , , , , , , , , , , , , , , , ,	
3. (Typed or printed name and capacity of per-		

Request ID:

018345996

Demande nº Transaction ID: 59503590

Transaction n°: Category ID: Catégorie :

Province of Ontario Province de l'Ontario Ministry of Government Services Ministère des Services gouvernementaux Date Report Produced: 2015/11/19

Document produit le :

Time Report Produced: 13:46:20

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

2319215 ONTARIO INC.

Ontario Corporation Number

Numéro matricule de la société (Ontario)

002319215

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

MARCH 05 MARS, 2012

and has not been dissolved.

et n'est pas dissoute.

Dated

Fait le

NOVEMBER 19 NOVEMBRE, 2015

Director

The issuance of this certificate in electronic form is authorized by the Director of Companies and Personal Property Security Branch.

La délivrance du présent certificat sous forme électronique est autorisée par la Directrice de la Direction des compagnies et des sûretés mobilières.