F16000002457

| (Requestor's Name) | | | | | | | |
|---|--------------|-------------|--|--|--|--|--|
| (Address) | | | | | | | |
| (Address) | | | | | | | |
| (City/State/Zip/Phone #) | | | | | | | |
| PICK-UP | ☐ WAIT | MAIL | | | | | |
| (Business Entity Name) | | | | | | | |
| (Document Number) | | | | | | | |
| Certified Copies | Certificates | s of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | | | |
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Office Use Only



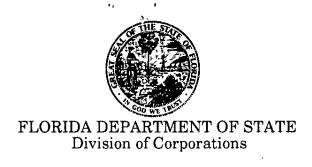
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03/25/16--01016--001 **70.00

06/14/16--01019--003 **650.00

16 JUN 10 PH I2: 11

775 (000)



May 24, 2016

DAVID A CUMBERLAND 1990 MAIN ST SUITE 801 SARASOTA, FL 34236

SUBJECT: PLAYLE INVESTMENTS, INC.

Ref. Number: W16000023085

We have received your document for PLAYLE INVESTMENTS, INC. and your check(s) totaling \$650.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

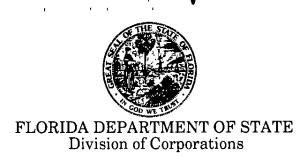
Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 816A00006393

Justin M Shivers
Regulatory Specialist III
Registration/Qualification Section

www.sunbiz.org



March 29, 2016

DAVID A CUMBERLAND 1990 MAIN ST SUITE 801 SARASOTA, FL 34236

SUBJECT: PLAYLE INVESTMENTS, INC.

Ref. Number: W16000023085

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

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$650.00.

Please return the corrected original and one copy of 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.

Letter Number: 816A00006393

Justin M Shivers
Regulatory Specialist III
Registration/Qualification Section

COVER LETTER

| TO: | _ | ration Se on of Cor | ction porations | | | | |
|-------------------------|---|---|---------------------------------|-----------------|----------|--|--|
| SUBJI | e ct • | PLAYLE | INVESTMENTS | , INC. | | | |
| SCD01 | | | | | | | |
| Dear Si | r or M | adam: | | | | | |
| "Certifi | icate of | Existenc | | te of Good Sta | nding | " and check are sul | act Business in Florida," omitted to register the |
| | | all corresp MBERLA | ondence concer ND | ning this matte | er to tl | ne following: | |
| | | | | Name o | Perso | on | |
| KERKE | ERING, | BARBER | IO & CO. | | | | |
| | | | | Firm/Co | npany | | |
| 1990 M | AIN ST | REET, SU | JITE 801 | | | | |
| SARAS | SOTA F | FL 34236 | | Add | ess | | |
| | | D 34230 | | | | | |
| DCUMI | BERLA | ND@KB0 | GRP.COM | City/State | and Z | p code | |
| | | | E-mail addre | ss: (to be used | for fu | ture annual report | notification) |
| For furt | her inf | ormation | concerning this | matter, please | call: | | |
| DAVID A. CUMBERLAND 941 | | 941 at (| , 3 | 65-4617 | | | |
| | Name | of Perso | n | Area Co | de | Daytime Telep | hone Number |
| | Regist Divisi Cliftor 2661 I Tallah | ration Secon of Cor n Building Executive assee, FL | porations G Center Circle | | | MAILING A Registration S Division of C P.O. Box 632 Tallahassee, F | Section orporations 7 |
| \$ 70. | | | □ \$78.75 Fili Certificate | ng Fee & | | 3.75 Filing Fee & tified 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. | PLAYLE INVE | PLAYLE INVESTMENTS INC . | | | | | | | |
|-----------------|-----------------------------|--|---|----------------------------|--|--|--|--|--|
| -, | | orporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.") | " "COMPANY," "CORPORATI | ON," | | | | | |
| | (If name unavail | able in Florida, enter alternate corporate name | adopted for the purpose of transac | cting business in Florida) | | | | | |
| 2. | CANADA | 1 | (FEI number, if applicable) | | | | | | |
| 4. | 04/14/1997 | y under the law of which it is incorporated) 5. | | | | | | | |
| 6. | (Date | of incorporation) | (Date of duration, if other than perpetual) | | | | | | |
| | | (Date first transacted business in (SEE SECTIONS 607.1501 & 607.1 EET, SUITE 801, SARASOTA, FL 34236 | n Florida, if prior to registration) 502, F.S., to determine penalty lia | bility) | | | | | |
| / . | | (Princi | oal office address) | | | | | | |
| | SAME AS ABO | VE | | | | | | | |
| | | (Current maili | ng address, if different) | | | | | | |
| 8. | Name and stree | et address of Florida registered agent: (P.O. DAVID A. CUMBERLAND | O. Box NOT acceptable) | 16 JUN | | | | | |
| Office Address: | 1990 MAIN STREET, SUITE 801 | | 987 - 1 | | | | | | |
| | | SARASOTA | 34236 , Florida | 5 7 7 | | | | | |
| | | (City) | (Zip code) | 35 <u>-</u> 37 | | | | | |

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: Address: ____ Vice Chairman: Address: **CLIFFORD STYLES** Director: **262 DUNWOODY DRIVE** Address: OAKVILLE, ONTARIO, L6J 4G6, CANADA JACQUELINE STYLES Director: 262 DUNWOODY DRIVE Address: OAKVILLE, ONTARIO, L6J 4G6, CANADA **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. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 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. DIRECTOR 13.

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



Request ID: Demande n°: 018683612

Transaction ID: 60399997

Transaction n°: Category ID: Categorie:

Province of Ontario Province de l'Ontario

Ministry of Government Services

Ministère des Services gouvernementaux

Date Report Produced: 2016/02/29

Document produit le :

Time Report Produced: 13:54:49

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

PLAYLE INVESTMENTS INC.

Ontario Corporation Number

Numéro matricule de la société (Ontario)

001880564

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 01 OCTOBRE, 2013

and has not been dissolved.

et n'est pas dissoute.

Dated

Fait le

FEBRUARY 29 FÉVRIER, 2016

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.