

FK6000003652

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

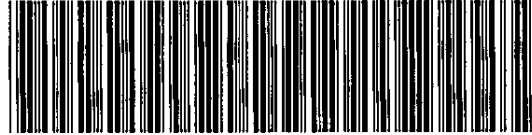
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8/16/16



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 26, 2016

ROBERT W. BIVINS
1060 BLOOMINGDALE AVE.
VALRICO, FL 33596

SUBJECT: 2521716 ONTARIO INC.
Ref. Number: W16000051602

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TALLAHASSEE, FLORIDA

We have received your document for 2521716 ONTARIO 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):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please list title or capacity of person that signed #13 on application.

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.

Dionne M Scott
Regulatory Specialist II

Letter Number: 616A00015523

2016 AUG 12 PM 3:53
TALLAHASSEE, FLORIDA

Bivins & Hemenway, P.A.

Attorneys At Law

1060 Bloomingdale Avenue, Valrico, Florida 33596 • Office: 813-643-4900 • Fax: 813-643-4904

August 11, 2016

VIA FEDEX

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: 2521716 Ontario Inc. / Reference Number: W16000051602

Dear Sir or Madame:

Enclosed is the revised *Application by Foreign Corporation for Authorization to Transact Business in Florida* for the above referenced corporation, along with a copy of your July 26, 2016, letter requesting that the application be signed by the president of the corporation. Our firm's trust account check #1917 in the amount of \$70.00, was previously submitted to your department for processing of the application.

Once filed, please return a filed copy to us in the previously enclosed self-addressed, postage prepaid envelope. Of course, if you have any questions regarding this re-submitted application please contact me via phone at (813) 643-4900 or via e-mail at bbivins@bhpalaw.com.

Very truly yours,



Robert W. Bivins

RWB/emw
Enclosures

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

2521716 ONTARIO INC.

SUBJECT: _____
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:

ROBERT W. BIVINS

| | |
|--|-------------------------|
| _____ | Name of Person |
| BIVINS & HEMENWAY, P.A. | |
| _____ | Firm/Company |
| 1060 BLOOMINGDALE AVE. | |
| _____ | Address |
| VALRICO, FLORIDA 33596 | |
| _____ | City/State and Zip code |
| susan.malik33@gmail.com | |
| E-mail address: (to be used for future annual report notification) | |

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

| | | |
|------------------|------------|--------------------------|
| ROBERT W. BIVINS | 813 | 643-4900 |
| _____ | at (_____) | _____ |
| Name of Person | Area Code | Daytime Telephone Number |

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input 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.

2521716 ONTARIO INC.

1. _____
(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. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. _____
N/A

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

7. 1337 BIRCHVIEW DRIVE, MISSISSAUGA, ONTARIO L5H 3E3 CANADA
(Principal office address)
- _____
(Current mailing address, if different)

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


Name: ROBERT W. BIVINS

Office Address: 1060 BLOOMINGDALE AVE.

VALRICO _____, Florida 33596
(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.

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: SUSAN MALIK

Address: 1337 BIRCHVIEW DRIVE., MISSISSAUGA, ONTARIO L5H 3E3 CANADA

Director: POMPI MALIK

Address: 1337 BIRCHVIEW DRIVE., MISSISSAUGA, ONTARIO L5H 3E3 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.

12. *Susan Malik*

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.

13. SUSAN MALIK, PRESIDENT

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

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TALLAHASSEE, FLORIDA

Request ID: 019152395
Demande n° :
Transaction ID: 61615272
Transaction n° :
Category ID: CT
Catégorie :

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

Date Report Produced: 2016/07/08
Document produit le :
Time Report Produced: 11:21:23
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

2 5 2 1 7 1 6 O N T A R I O I N C .

Ontario Corporation Number

Numéro matricule de la société (Ontario)

0 0 2 5 2 1 7 1 6

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

J U N E 0 6 J U I N , 2 0 1 6

and has not been dissolved.

et n'est pas dissoute.

Dated

Fait le

J U L Y 0 8 J U I L L E T , 2 0 1 6



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.