

F16000004244

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

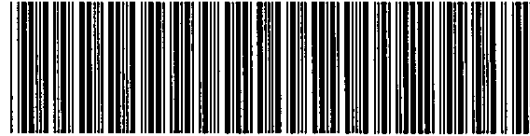
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200288459052

08/01/16--01035--007 **70.00

09/23/16--01017--003 **800.00

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W16-51085



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 4, 2016

PAMELA ECCLESTON
209 PALMETTO DR
AUBURNDALE, FL 33823

SUBJECT: 2438162 ONTARIO INC.
Ref. Number: W16000054085

We have received your document for 2438162 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):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$800.

There is a balance due of \$800.00.

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.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 816A00016459

COVER LETTER

TO: Registration Section
Division of Corporations

2438162 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:

PAMELA ECCLESTON

_____	Name of Person
ECCLESTON INTERNATIONAL TAX	
_____	Firm/Company
209 PALMETTO STREET	
_____	Address
AUBURNDALE, FLORIDA, 33823	
_____	City/State and Zip code
PAM.ECCLESTON@ECCLESTON.TAX	
_____	E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAM ECCLESTON	at (407)	530	0124
_____		_____		_____	_____
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:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified 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. 2438162 ONTARIO 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 3. APPLIED FOR
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. OCTOBER 16th 2014 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. MARCH 2015
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 138 ANDERSON AVE., MARKHAM, ONTARIO L6E1A4 CANADA
(Principal office address)

(Current mailing address, if different)

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

Name: ECCLESTON INTERNATIONAL TAX

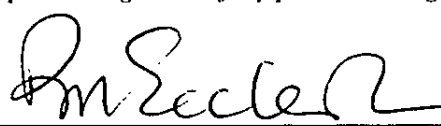
Office Address: 209 PALMETTO STREET, SUITE 1

AUBURNDALE, Florida 33823
(City) (Zip code)

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DEPARTMENT OF STATE

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: _____

Director: MIRZA A SIBTHAIN ALBAR

Address: 57 OFFORD CRESCENT

AURORA, ONTARIO, CANADA L4G 0K5

Director: BATHOOL ALBAR

Address: 57 OFFORD CRESCENT

AURORA, ONTARIO, CANADA L4G 0K5.

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

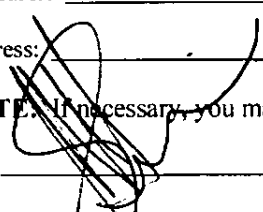
Address: _____

Treasurer: _____

Address: _____

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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 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. SIBTHAIN ALBAR, DIRECTOR

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

Request ID: 019045266
Demande n° :
Transaction ID: 61338082
Transaction n° :
Category ID: CT
Catégorie :

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

Date Report Produced: 2016/06/08
Document produit le :
Time Report Produced: 16:54:40
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

2 4 3 8 1 6 2 O N T A R I O I N C .

Ontario Corporation Number

Numéro matricule de la société (Ontario)

0 0 2 4 3 8 1 6 2

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

O C T O B E R 1 6 O C T O B R E , 2 0 1 4

and has not been dissolved.

et n'est pas dissoute.

Dated

Fait le

J U N E 0 8 J U I N , 2 0 1 6



Director
Directeur