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(R	equestor's Name)				
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PICK-UP	☐ WAIT	MAIL			
(B	dusiness Entity Name)				
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Certified Copies	Certificates of S	itatus			
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COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ	Keller Shepard Family Corporation				
SUBJ.		ation - r	nust include suffix		
Dear S	ir or Madam:				
"Certif	closed "Application by Foreign Corporatio icate of Existence," or "Certificate of Good referenced foreign corporation to transact b	l Standir	ng" and check are sub		
Please Craig k	return all correspondence concerning this reller	natter to	the following:		
	Nan	e of Per	son		
Keller	Shepard Family Corporation				
	Firm	/Compai	ıy		
11081 :	Sea Tropic Ln				
Fort M	yers, Florida, 33908	Address			
	City/Si	ate and	Zip code		
craig@	craigkeller.com				
	E-mail address: (to be t	ised for	future annual report r	notification)	
For fur	ther information concerning this matter, ple	ease call	:		
Mike S	teele 519)	8841100 Daytime Telepl		
	Name of Person Area	Code	Daytime Telepl	none 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		
1	ed is a check for the following amount: .00 Filing Fee		78.75 Filing Fee & ertified 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.

Keller Shepard	Family Corporation		
(Enter name of c	orporation; must include "INCORPORATED," "(orp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"	
Ontario, Canada	able in Florida, enter alternate corporate name ado		
(State or countr November 16, 2	017	(FEI number, if applicable)	
(Date	of incorporation) 5	(Date of duration, if other than perpetual)	
304-508 Riverber	(SEE SECTIONS 607.1501 & 607.1502 and Dr., Kitchener, Ontario, Canada, N2K 3S2 (Principal of	office address)	16 DEC
	(Current mailing a	ddress, if different)	
. Name and stree	et address of Florida registered agent: (P.O. I	Box NOT acceptable)	3 3
	Craig Keller		∵ 1.5
Name:			;;;
	11081 Sea Tropic Ln	 	3 T6
Name: Office Address:			16

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 William Craig Keller Chairman: 500 Fox Cove Pl Address: Waterloo, Ontario, N2K 4A7 Vice Chairman: Address: __ William Craig Keller Director: 500 Fox cove PI Address: Waterloo, Ontario, N2K 4A7 ō Director: Address: _ **B. OFFICERS** craig Keller President: 500 Fox cove PI Address: Waterloo, Ontario, N2K 4A7 Vice President: Secretary: __ 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. 13. Craig Keller, President (Typed or printed name and capacity of person signing application)

Request ID: Demande nº: 019599480

Transaction ID: 062756087

Transaction n°: Category ID: CT Catégorie: Province of Ontario
Province de l'Ontario
Ministry of Government Services
Ministère des Services gouvernementaux

Date Report Produced: 2016/11/16

Document produit le:

Time Report Produced: 12:43:34

Imprimé à:

Certificate of Incorporation Certificat de constitution

This is to certify that

Ceci certifie que

KELLER SHEPARD FAMILY CORPORATION

Ontario Corporation No.

Numéro matricule de la personne morale en Ontario

002546495

is a corporation incorporated, under the laws of the Province of Ontario.

est une société constituée aux termes des lois de la province de l'Ontario.

These articles of incorporation are effective on

Les présents statuts constitutifs entrent en vigueur le

NOVEMBER 16 NOVEMBRE, 2016

Director/Directeur

Business Corporations Act/Loi sur les sociétés par actions