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COVER LETTER

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			Entertainment, Inc	c.				
SUBJE	ECT:		Name	of corporation	n - m	ust include suffix	<u> </u>	·····
Dear Sir	r or Ma	adam:		-				
							A Danimana im Ela	الاستادات
"Certifi	cate of	Existence	ion by Foreign Co e," or "Certificate n corporation to t	of Good St	anding	norization to Transac y" and check are subi i Florida.	mitted to register	the
Please r	eturn a	all corresp	ondence concern	ing this matt	er to t	he following:		
Lawrence	ce G. W	/alters, Esc	l•					
				Name o	f Pers	on		1 PY
Walters	Law G	roup						THAN 18
		_		Firm/Co	mpan	у	, ,,, <u> </u>	AHASSEE TEST
195 W.	Pine A	ve.						20 %
				Ado	lress			
Longwo	ood, FL	32750						3: 16
				City/State	and 2	ip code		
Paraleg	al@Firs	stAmendm	ent.com					
			E-mail addres	s: (to be use	l for f	uture annual report n	otification)	
For furt	ther in	formation	concerning this r	natter, pleas	e call:			
Lawren	ce G. V	Valters		407 at (١	975-9150		
	Name	e of Perso	n	Area Co	ode ,	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					
Enclose	ed is a	check for	the following am	ount:				
□ \$70).00 Fil	ing Fee	\$78.75 Filin Certificate			78.75 Filing Fee & ertified Copy	S87.50 Fili 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 IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

2. Canada 2. (State or country under the law of which it is incorporated) 4. November 20, 2015 4. (Date of incorporation) 5. (Date of duration, if other than perpetual) 6. (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Lawrence G. Walters, Esq. 195 W Pine Ave.	(If name unavaila	ible in Florida, enter alternate corporate na	ame adopted for the purpose of transacting business	ss in Florida)
4. November 20, 2015 (Date of incorporation) (Date of duration, if other than perpetual) (Date of incorporation) (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) 7. (Principal office address) (Principal office address) (Current mailing address, if different) 3. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Lawrence G. Walters, Esq. 195 W Pine Ave.	Canada 2		3.	
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 201 Creditview Rd., Woodbridge, Ontario, L4L 9T1, Canada (Principal office address) (Current mailing address, if different) (Respectively) (Respectively) (Current mailing address, if different) (Respectively) (Respective	November 20 2	015		
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 201 Creditview Rd., Woodbridge, Ontario, L4L 9T1, Canada (Principal office address) (Current mailing address, if different) C. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Lawrence G. Walters, Esq. 195 W Pine Ave.	(Date	of incorporation)	(Date of duration, if other than perp	petual)
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 201 Creditview Rd., Woodbridge, Ontario, L4L 9T1, Canada (Principal office address) (Current mailing address, if different) (Respectively) (Respectively) (Current mailing address, if different) (Respectively)	5			
(Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Lawrence G. Walters, Esq. 195 W Pine Ave.	7	(SEE SECTIONS 607.1501 & 66 d., Woodbridge, Ontario, L4L 9T1, Canad	07.1502, F.S., to determine penalty liability)	TALLAR TALLAR
S. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: 195 W Pine Ave.			incipal office address)	- 0 SSE
Name: Lawrence G. Walters, Esq. 195 W Pine Ave. Office Address:		(Current n	nailing address, if different)	E E
Name: 195 W Pine Ave. Office Address:		t address of Florida registered accept.	(P.O. Poy. NOT accontable)	# 16
Office Address:	s. Name and stree	address of Florida registered agent:	(1.0. box <u>NOT</u> acceptable)	~
			(1.0. Box NOT acceptable)	_
Longwood 32750 , Florida	Name:	Lawrence G. Walters, Esq. 195 W Pine Ave.		•
(City) (Zip code)	Name:	Lawrence G. Walters, Esq. 195 W Pine Ave.	32750	•

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:

	Fernando Di Carlo		
Address:	201 Creditview Rd.		
Address.	Woodbridge, Ontario, L4L 9T1 Canada		
Vice Cha	irman:	_	
Address:			
Director:			
Address:			
Director:			
Address:		TO HAY	E PER ST
B. OFF	ICERS	18 AH	887 E. E. G.
President	Fernando Di Carlo	<u>تد</u> بي	T 05
Address:	201 Creditview Rd.	5	AGA AGA
	Woodbridge, Ontario, L4L 9T1 Canada		
CFO:	Bill Dawson		
Address:	201 Creditview Rd.		
	Woodbridge, Ontario, L4L 9T1 Canada		
Secretary	·		
Address:			
Treasurer	;		
Address:			
	If necessary, you may attach an addendum to the application listing additional officers and/or di	rectors.	
12	Signature of Director or Officer		
are true a	cer or director signing this document (and who is listed in number 11 above) affirms that the fact and that he or she is aware that false information submitted in a document to the Department of Segree felony as provided for in s.817.155, F.S.	s stated h State cons	erein stitutes
	ando Di Carlo, Director		

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

Request ID: Demande n°: 020007128

Transaction ID: 63809638

Category ID: C Categorie : Province of Ontario
Province de l'Ontario
Ministry of Government Se

Ministry of Government Services Ministère des Services gouvernementaux Date Report Produced: 2017/03/09

Document produit le :

Time Report Produced: 09:19:01

Imprime 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

WE CREATE ENTERTAINMENT INC.

Ontario Corporation Number

Numéro matricule de la société (Ontario)

002492360

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

NOVEMBER 20 NOVEMBRE, 2015

and has not been dissolved.

et n'est pas dissoute.

Dated

Fait le

MARCH 09 MARS, 2017

WHITH

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 lest autorisée par le Ministère des Services gouvernementaux.