

# F70000002749

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

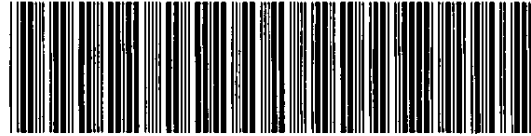
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700300333707

06/15/17--01025--020 \*\*70.00

**FILED**  
2017 JUN 15 PM 2:48  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

JUN 16 2017  
J. HARRIS

## COVER LETTER

**TO:** Registration Section  
Division of Corporations  
CALILEYA GP 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:  
VERONIKA CHANG

_____	Name of Person
MORRIS KEPES WINTERS LLP	
_____	Firm/Company
390 BAY STREET, SUITE 1000	
_____	Address
TORONTO, ONTARIO, CANADA M5H 2Y2	
_____	City/State and Zip code
VCHANG@MKWTAXLAW.COM	
_____	E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VERONIKA CHANG	416	800-0628
_____	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 &<br>Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,<br>Certificate of Status &<br>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.*

CALILEYA GP 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)  
ONTARIO, CANADA

2. \_\_\_\_\_

(State or country under the law of which it is incorporated)  
FEBRUARY 1, 2017

3. \_\_\_\_\_

(FEI number, if applicable)

4. \_\_\_\_\_

(Date of incorporation)

5. \_\_\_\_\_

(Date of duration, if other than perpetual)

6. \_\_\_\_\_

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

869 BAYLAWN DRIVE, PICKERING, ONTARIO, CANADA L1X 2R9

7. \_\_\_\_\_

(Principal office address)

\_\_\_\_\_  
(Current mailing address, if different)

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

BRIAN RHODES

Name: \_\_\_\_\_

H-102, 1500 5TH AVE S

Office Address: \_\_\_\_\_

NAPLES

34102

(City)

, Florida

(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.

**FILED**  
2017 JUN 15 PM 2:49  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

BRIAN RHODES

Director: \_\_\_\_\_

H-102, 1500 5TH AVE S, NAPLES, FL 34102

Address: \_\_\_\_\_  
\_\_\_\_\_

DEBORA RHODES

Director: \_\_\_\_\_

869 BAYLAWN DRIVE, PICKERING ONTARIO, CANADA L1X 2R9

Address: \_\_\_\_\_  
\_\_\_\_\_

**B. OFFICERS**

BRIAN RHODES

President: \_\_\_\_\_

H-102, 1500 5TH AVE S, NAPLES, FL 34102

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

DEBORA RHODES

Secretary: \_\_\_\_\_

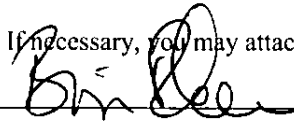
869 BAYLAWN DRIVE, PICKERING, ONTARIO, CANADA L1X 2R9

Address: \_\_\_\_\_  
\_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**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.

BRIAN RHODES

13. \_\_\_\_\_

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

FILED  
2017 JUN 15 PM 2:42  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Request ID: 020353064  
Demande n° :  
Transaction ID: 64704759  
Transaction n° :  
Category ID: CT  
Catégorie :

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

Date Report Produced: 2017/06/08  
Document produit le :  
Time Report Produced: 12:16:30  
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

**CALILEYA GP INC.**

Ontario Corporation Number

Numéro matricule de la société (Ontario)

**002559101**

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

**FEBRUARY 01 FÉVRIER, 2017**

and has not been dissolved.

et n'est pas dissoute.

Dated

Fait le

**JUNE 08 JUIN, 2017**



Director  
Directeur