

F17000003360

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

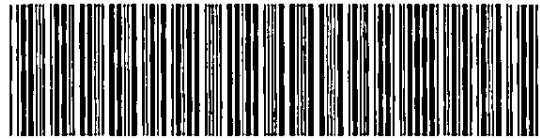
(Document Number)

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

Special Instructions to Filing Officer:

W1685781

Office Use Only



700293036697

12/22/16--01005--033 ++70.00

07/28/17--01031--003 ++650.00

FILED  
17 JUL 27 PM 4:37  
SOUTH FLORIDA  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 29, 2017

GASTON ORIQUE  
SMARTSIMPLE SOFTWARE LTD.  
33 W 19 STREET, 4TH FLOOR  
NEW YORK, NY 10011

SUBJECT: SMARTSIMPLE SOFTWARE LTD  
Ref. Number: W16000085781

We have received your document for SMARTSIMPLE SOFTWARE LTD and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

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 \$650.00.

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.

Stacey M Warren  
Regulatory Specialist II

Letter Number: 617A00013211



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 20, 2017

GASTON ORIQUE \*\*\*2ND LETTER\*\*\*  
SMARTSIMPLE SOFTWARE LTD.  
33 W. 19TH STREET, 4TH FLOOR  
NEW YORK, NY 10011

SUBJECT: SMARTSIMPLE SOFTWARE LTD  
Ref. Number: W16000085781

We have received your document for SMARTSIMPLE SOFTWARE LTD 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 name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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.

Stacey M Warren  
Regulatory Specialist II

Letter Number: 916A00027365



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 23, 2016

GASTON ORIQUE  
33 W. 19TH STREET, 4TH FLOOR  
NEW YORK, NY 10011

SUBJECT: SMARTSIMPLE SOFTWARE LTD  
Ref. Number: W16000085781

We have received your document for SMARTSIMPLE SOFTWARE LTD 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 name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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.

Stacey M Warren  
Regulatory Specialist II

Letter Number: 916A00027365

## COVER LETTER

**TO:** Registration Section  
Division of Corporations  
SMARTSIMPLE SOFTWARE LTD.

**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:  
GASTON ORIQUE

\_\_\_\_\_  
Name of Person  
CONTROLLER

\_\_\_\_\_  
Firm/Company  
33W, 19TH STREET, 4TH FLOOR

\_\_\_\_\_  
Address  
NEW YORK, NY 10011

\_\_\_\_\_  
City/State and Zip code  
GORIQUE@SMARTSIMPLE.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GASTON ORIQUE                      416                      591-1668 EXT 104  
\_\_\_\_\_  
Name of Person                      at (                      )                      \_\_\_\_\_  
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.

~~SMARTSIMPLE SOFTWARE CORPORATION~~

1. SMARTSIMPLE SOFTWARE LTD CORPORATION  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

SMARTSIMPLE SOFTWARE LTD.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)  
2. DELAWARE 3. 46-0522293

(State or country under the law of which it is incorporated) (FEI number, if applicable)  
4. MAY 5, 2011 5. PERPETUAL

(Date of incorporation) (Date of duration, if other than perpetual)  
6. OCTOBER 2016

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

7. 33W. 19TH STREET, 4TH FLOOR NEW YORK, NY 10011

(Principal office address)

(Current mailing address, if different)

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

REGISTERED AGENTS INC.

Name:

3030 N. ROCKYPOINT DR., STE 150A

Office Address:

TAMPA

33607

(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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17 JUL 27 PM 4:37  
STATE  
OF FLORIDA  
TAMPA

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

**A. DIRECTORS**

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

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

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

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

Director: MIKE REID

Address: 111 PETER STREET, SUITE 405

TORONTO, ON CANADA M5V 2H1

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

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

**B. OFFICERS**

President: CAMERON MCLEAN

Address: 111 PETER STREET, SUITE 405

TORONTO, ON CANADA M5V 2H1

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

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

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

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

Treasurer: BERNADETTE REID

Address: 111 PETER STREET, SUITE 405 TORONTO, ONTARIO CANADA M5V 2H1

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

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. Cameron McLean

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.

CAMERON MCLEAN / PRESIDENT

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

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

FILED  
17 JUL 27 PM 4:37  
U.S. DEPARTMENT OF STATE  
RECEIVED  
WASHINGTON, D.C.

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "SMARTSIMPLE SOFTWARE LTD" IS DULY  
INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD  
STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS  
OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF JUNE, A.D. 2017.



4978395 8300

SR# 20174629177

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202668043

Date: 06-07-17