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(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



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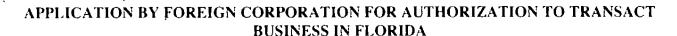
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COVER LETTER

TO:	Registration Se Division of Cor					
SHRJ	Invantage ECT:	USA Inc.				
3000	<u></u>	Name of co	rporation -	must include suffix		
Dear S	Sir or Madam:					
"Certi	ficate of Existenc	ion by Foreign Corpor. e," or "Certificate of C n corporation to transa	iood Stand	ing" and check are sub	ct Business in Florida," omitted to register the	
Please	return all corresp	ondence concerning th	nis matter t	o the following:		
Sarah	Ing					
	<u> </u>	1	Name of Pe	erson		
Keysp	ire Group Inc.					
			irm/Comp	any		
485 Pi	nebush Road, Suite	301				
<i>C</i> 1		1 NOTO A	Addres	S		
Cambi	ridge, Ontario, Can					
	()	Cit	y/State and	l Zip code		
saranı	@keyspire.com 	E.mail address: (to	be used fo	r future annual report i	notification	
		·		•	ionnearion)	
For fu	rther information	concerning this matter	, please ca	11:		
Sarah Ing			388	556-2244 x743		
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 Enclosed is a check for the following amount:			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1. 32314			
	sed is a check for	□ \$78.75 Filing Fee Certificate of Sta	:& 	\$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy	



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.	Invantage USA Inc.											
•		orporation; must include "INCORPORATED, orp." "Inc." "Co." or "Corp.")	C	OMPANY," "CORPORATION								
	(If name unavaila	ible in Florida, enter alternate corporate name	ador	oted for the purpose of transacting	business i	n Flori	da)					
2.	(State or country under the law of which it is incorporated) September 22, 2016			61-1807500								
4.				(FEI number, if applicable)								
4 .		of incorporation)	(Date of duration, if other than perpetual)									
7.	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 8831 Business Park Drive, Suite 301, Fort Myers, Florida 33912											
/-	n/a	(Princi	pal o	ffice address)	>	100 mg						
		(Current maili	ng ac	ldress, if different)	<u>></u>	- 613 1	eraon eraon					
8.	3. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Daving Chant											
Off	Name: ffice Address:	8831 Business Park Drive, Suite 301 Fort Myers		_		3: 00	*-1 - '					
		(City)		(Zip code)								

1. Registered agent's acceptance:

laving been named as registered agent and to accept service of process for the above stated corporation at the place esignated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I orther agree to comply with the provisions of all statutes relative to the proper and complete performance of my uties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction er the law of which it is incorporated.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Address: Vice Chairman: Address: _____ Michael Sarracini Director: 485 Pinebush Road, Suite 301 Address: Cambridge, Ontario NIT 0A6 Scott McGillvray Director: 485 Pinebush Road, Suite 301 Address: Cambridge, Ontario N1T 0A6 B. OFFICERS Michael Sarracini President: 485 Pinebush Road, Suite 301 Address: Cambridge, Ontario, Canada N1T 0A6 Vice President: ecretary: __ TE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer office or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein true and that he or she is aware that false information submitted in a document to the Department of State constitutes rd degree felony as provided for in s.817.155, F.S.

Michael Sarracini

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "INVANTAGE USA INC." 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 EIGHTEENTH DAY OF AUGUST, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INVANTAGE USA INC." WAS INCORPORATED ON THE TWENTY-SECOND DAY OF SEPTEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 203084219

Date: 08-18-17

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