

F17000004984

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

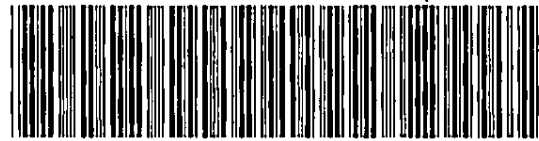
(Document Number)

Certified Copies

Certificates of Status

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11/03/17--01013--001 **78.75

17 NOV -3 PM 3:53
DIVISION 17

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O SIMMONS
NOV 06 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 2227176 ONTARIO INC.
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:

PAMELA MOATS

Name of Person

%MOATS & ASSOCIATES, CPAs

Firm/Company

2100 S. RIDGEWOOD AVE., SUITE 7

Address

SOUTH DAYTONA, FL 32119

City/State and Zip code

PAMELA@RRMOATSCPA.COM

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

For further information concerning this matter, please call:

PAMELA MOATS

Name of Person

at (386) 760-3083

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.*

1. 2227176 ONTARIO INC.
(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)
2. CANADA 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. DECEMBER 11, 2009 5. PERPETUAL
(Date of incorporation) (Date of duration, if other than perpetual)
6. JANUARY 1, 2017
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 1522 LEWES WAY, MISSISSAUGA, ONTARIO CANADA L4W 5E2
(Principal office address)

(Current mailing address, if different)

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

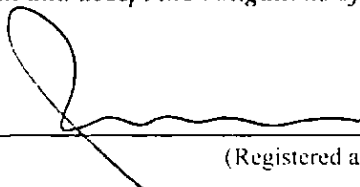
Name: PAMELA MOATS

Office Address: 2100 S. RIDGEWOOD AVE SUITE 7

SOUTH DAYTONA, Florida 32119
(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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JAN 11 2017

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

A. DIRECTORS

Chairman: JOHN MAR

Address: 5 TORRYBURN PL
TORONTO, ONTARIO CANADA M3B 1R2

Vice Chairman: _____

Address: _____

Director: JASON LEE

Address: 440 STAGHORN RD
PICKERING, ONTARIO CANADA L1W 0A8

Director: MARISSA CHOW

Address: 31 MEADOWCREST RD
TORONTO, ONTARIO CANADA M8Z 2Y6

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

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.

13. JOHN MAR, DIRECTOR

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

FILED
17 NOV - 3 PM 3:58
JAN 13 2014

Request ID: 020768491
Demande n° :
Transaction ID: 65793734
Transaction n° :
Category ID: CT
Catégorie :

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

Date Report Produced: 2017/09/29
Document produit le :
Time Report Produced: 12:48:37
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

2 2 2 7 1 7 6 O N T A R I O I N C .

Ontario Corporation Number

Numéro matricule de la société (Ontario)

0 0 2 2 7 1 7 6

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

D E C E M B E R 1 1 D É C E M B R E , 2 0 0 9

and has not been dissolved.

et n'est pas dissoute.

Dated

Fait le

S E P T E M B E R 2 9 S E P T E M B R E , 2 0 1 7



Director
Directeur