

F18000002868

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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J. J. EGGETT

J. J. EGGETT  
JUN 20 2018

EC128New

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 1, 2018

BENITA CORIANO  
7978 LAKE WILSON RD  
DAVENPORT, FL 33896 USSUBJECT: 2451335 ONTARIO LIMITED INC.  
Ref. Number: W18000051815

We have received your document for 2451335 ONTARIO LIMITED INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return the corrected original and one copy of 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.

Judy A Leggett  
Regulatory Specialist II  
Registration Section

Letter Number: 118A00011432

80 2456030 (fax)  
6/14/18 - Judy called to  
advise signature required  
for Alan Davis

RECEIVED  
JUN 15 2018

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations  
2451335 Ontario Limited

**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:  
Benita Coriano

\_\_\_\_\_  
Name of Person  
Jeeves Holiday Homes

\_\_\_\_\_  
Firm/Company  
7978 Lake Wilson Rd.

\_\_\_\_\_  
Address  
Daavenport, FL 33896

\_\_\_\_\_  
City/State and Zip code  
benny@jeevesfloridarentals.com

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

For further information concerning this matter, please call:

Benita Coriano                      407                      704-8986 ext. 1011  
\_\_\_\_\_  
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:

- ☐ \$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.*

2451335 Ontario Limited Inc.

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

2451335 Ontario Limited Inc. (FL)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)  
Ontario, Canada 98-1421484

2. \_\_\_\_\_ 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)  
01/26/2015

4. \_\_\_\_\_ 5. \_\_\_\_\_  
(Date of incorporation) (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)  
440 Novi Path Kissimmee FL 34747

7. \_\_\_\_\_  
(Principal office address)  
7978 Lake Wilson Rd. Davenport FL 33896  
\_\_\_\_\_  
(Current mailing address, if different)

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

Jeeves Holiday Homes

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

C/O Benita Coriano, 7978 Lake Wilson Rd.

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

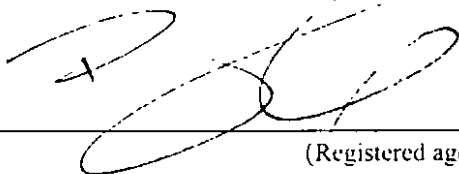
Davenport

33896

\_\_\_\_\_, Florida \_\_\_\_\_  
(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.

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

A. DIRECTORS

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

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

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

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

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

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

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

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

B. OFFICERS

President: Adam Davis

Address: 1118 Regency Cres.

Belle River, Ontario N0R 1A0 Canada

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

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

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

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

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

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

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

Adam Davis

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 § 877.155, F.S.

Adam Davis - President

13. \_\_\_\_\_  
(Typed or printed name and capacity of person signing application)

Request ID: 021606640  
Demande n° :  
Transaction ID: 67965684  
Transaction n° :  
Category ID: CT  
Catégorie :

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

Date Report Produced: 2018/05/04  
Document produit le :  
Time Report Produced: 12:21:38  
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 4 5 1 3 3 5 O N T A R I O L I M I T E D**

Ontario Corporation Number

Numéro matricule de la société (Ontario)

**0 0 2 4 5 1 3 3 5**

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

**J A N U A R Y 2 6 J A N V I E R , 2 0 1 5**

and has not been dissolved.

et n'est pas dissoute.

Dated

Fait le

**M A Y 0 4 M A I , 2 0 1 8**



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 est autorisée par le Ministère des Services gouvernementaux.