

F18000003150

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

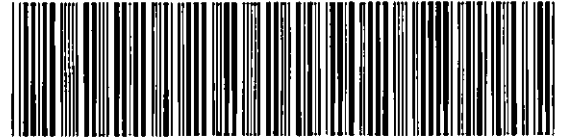
(Business Entity Name)

(Document Number)

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

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 14, 2018

SCOTT D FOELLER  
HODGES, AVRUTIS & FOELLER  
201 FLETCHER AVE  
SARASOTA, FL 34230

SUBJECT: NEXTOLOGIES LIMITED  
Ref. Number: W18000047822

We have received your document for NEXTOLOGIES LIMITED 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.

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.

Acceptable suffix included after LIMITED.

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:

Jenna D Harris  
Regulatory Specialist II

Letter Number: 618A00012432

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2018 JUL -2 AM 11:30

DEPARTMENT OF  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

[www.sunbiz.org](http://www.sunbiz.org)

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

## COVER LETTER

**TO:** Registration Section  
Division of Corporations  
NEXTOLOGIES LIMITED CORP

**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:  
SCOTT D. FOELLER, ESQUIRE

\_\_\_\_\_  
Name of Person  
HODGES AVRUTIS & FOELLER

\_\_\_\_\_  
Firm/Company  
201 FLETCHER AVE

\_\_\_\_\_  
Address  
SARASOTA, FL 34237

\_\_\_\_\_  
City/State and Zip code  
SDF@HODGESAVRUTIS.COM

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

For further information concerning this matter, please call:

SCOTT D. FOELLER                      941                      955-7300  
\_\_\_\_\_  
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.*

NEXTOLOGIES LIMITED CORP

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)  
CANADA

2. \_\_\_\_\_ 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)  
OCTOBER 8, 2009

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)  
120 AMBER STREET MARKHAM ONTARIO L3R 3A3 CANADA

7. \_\_\_\_\_  
(Principal office address)

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

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

SCOTT D FOELLER

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

201 FLETCHER AVE

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

SARASOTA

34237

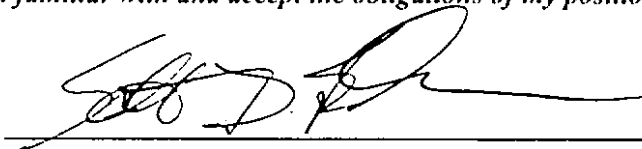
\_\_\_\_\_, Florida \_\_\_\_\_

(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.

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2018 JUL 2 PM 4:17  
DEPT. OF STATE  
TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

Chairman: ALEKSANDAR ZIVANOVIC

Address: 120 AMBER STREET MARKHAM ONTARIO L3R 3A3 CANADA

Vice Chairman: OLEG MASLIY

Address: 120 AMBER STREET MARKHAM ONTARIO L3R 3A3 CANADA

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

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

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

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

**B. OFFICERS**

President: ALEKSANDAR ZIVANOVIC

Address: 120 AMBER STREET MARKHAM ONTARIO L3R 3A3 CANADA

Vice President: OLEG MASLIY

Address: 120 AMBER STREET MARKHAM ONTARIO L3R 3A3 CANADA

Secretary: OLEG MASLIY

Address: 120 AMBER STREET MARKHAM ONTARIO L3R 3A3 CANADA

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. OLEG MASLIY, VICE PRESIDENT

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

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2018 JUL 2 PM 4:17  
U.S. DEPT. OF STATE  
AT 120 AMBER STREET, MARKHAM, ONTARIO



## Certificate of Compliance

*Canada Business Corporations Act*  
s. 263.1

## Certificat de conformité

*Loi canadienne sur les sociétés par actions*  
art. 263.1

Nextologies Limited

Corporate name / Dénomination sociale

725673-6

Corporation number / Numéro de société

I HEREBY CERTIFY that the corporation  
named above:

- exists under the *Canada Business Corporations Act*;
- has filed the required annual returns; and
- has paid all prescribed fees required.

JE CERTIFIE, par la présente, que la société ci-  
dessus mentionnée :

- existe en vertu de la *Loi canadienne sur les sociétés par actions*;
- a déposé les rapports annuels exigés; et
- a acquitté les droits prescrits.

Virginie Ethier

Director / Directeur

2018-06-06

Issuance date (YYYY-MM-DD)

Date d'émission (AAAA-MM-JJ)