

F18000004812

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

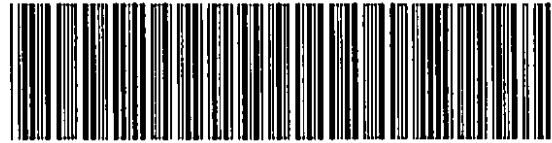
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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18 OCT 16 PM 12:44

CLERK'S OFFICE

OCT 21 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 4, 2018

STEVEN RODIN
95 ST. CLAIR W, STE 1403
TORONTO, ONTARIO, CANADA, XX M4V1N-6

SUBJECT: STORAGEPIPE SOLUTIONS INC.
Ref. Number: W18000088170

We have received your document for STORAGEPIPE SOLUTIONS 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist III

Letter Number: 218A00020663

RECEIVED

OCT 16 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Storagepipe Solutions 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:

Steven Rodin

Name of Person

Storagepipe Solutions Inc.

Firm/Company

95 St. Clair W, Suite 1403

Address

Toronto, Ontario M4V1N6

City/State and Zip code

steven.rodin@storagepipe.com

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

For further information concerning this matter, please call:

Steven Rodin

416

238-5648

at (_____) _____

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.

Storagepipe Solutions Inc.

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

Storagepipe

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

Ontario, Canada

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

January 18, 2001

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)

95 St. Clair W. Suite 1403 Toronto, ON M4V1N6, Canada

7. _____
(Principal office address)

(Current mailing address, if different)

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

Patricia A. Floyd

Name:

13916 Bramble Bush Ct

Office Address:

Orlando

32832

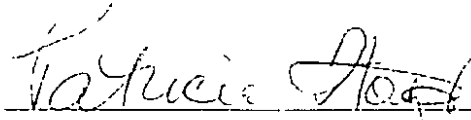
(City)

, Florida

(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: Laurence Goldstein

Address: 95 St. Clair W, Suite 1403, Toronto, ON M4V1N6

Vice Chairman: David Goldstein

Address: 95 St. Clair W, Suite 1403, Toronto, ON M4V1N6

Director: Nolan Anelevitz

Address: 95 St. Clair W, Suite 1403, Toronto, ON M4V1N6

Director: Steven Rodin

Address: 95 St. Clair W, Suite 1403, Toronto, ON M4V1N6

B. OFFICERS

President: Steven Rodin

Address: 95 St. Clair W, Suite 1403, Toronto, ON M4V1N6

Vice President: _____

Address: _____

Secretary: Nolan Anelevitz

Address: 95 St. Clair W, Suite 1403, Toronto, ON M4V1N6

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. Steven Rodin, President

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

Request ID: 022119137
Demande n° :
Transaction ID: 69305567
Transaction n° :
Category ID: CT
Catégorie :

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

Date Report Produced: 2018/09/13
Document produit le :
Time Report Produced: 17:30:43
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

STORAGEPIPE SOLUTIONS INC.

Ontario Corporation Number

Numéro matricule de la société (Ontario)

0 0 1 4 5 9 9 2 1

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 1 8 J A N V I E R , 2 0 0 1

and has not been dissolved.

et n'est pas dissoute.

Dated

Fait le

S E P T E M B E R 1 3 S E P T E M B R E , 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.