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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number: 120160000017 : (855)498-5500 Phone

Fax Number : (800) 432-3622

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

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FOREIGN PROFIT/NONPROFIT CORPORATION ENCHANT CHRISTMAS LIGHT MAZE & MARKET LTD. CO.

Certificate of Status	1
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Page Count	05
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COVER LETTER

TO:		tration Scion of Cor		ions						
SURT	ECT:	Enchar	nt Ch	ıristma	s Light N	Maze 8	k Mark	et Ltd.	Co.	
0000		-			me of corp					
Dear S	ir or M	íadam:								
"Certif	icate o	f Existenc	:c," or	"Certifi	n Corporaticate of Go to transact	od Stan	ding" a	nd check	Transar are sub	ct Business in Florida," mitted to register the
Please	return	all corresp	ponde	nce conc	erning this	matter	to the f	ollowing	j.	
			<u>. </u>		Na	ıme of I	Person			
Capit	ol Se	rvices –	- Cor	porate	Filings Fir	eam m/Com	pany	<u></u>		
515 E	East F	Park Ave	enue	2nd F	l					
						Addre	88			
Talla	hasse	e, FL 3	2301	<u> </u>			1 600			
					City	State ar	nd Zip c	od e		
cindy	@en	chantch	ristm E-	as.cor	n Iress: (to b	used f	or futur	e annual	report r	notification)
For fu	rther in	formation			is matter,				-	
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	Regis Divis Clifto 2661	EET/COI stration So sion of Co on Buildin Executive hassee, Fl	ection rporaling c Cent	ions lor Circle				Regist Division P.O. B	ration S on of Co lox 632	orporations
		check for ling Fee	_	\$78.75 I	amount: Filing Fee ate of Stat			5 Filling l ied Copy		S87.50 Filing Fee, Certificate of Status & Certified Copy

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO

Enchant Ch	ristmas Light Maze & Market Ltd	I. Co.	
(Enter name of co	orporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATION,"	
1101, 201,	,,		
	<u></u>		
(If name amavaile	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)	
British Colu	mbia3.	98-1448707	
(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)	
01/27/2016	5.	<u> </u>	
	of incorporation)	(Date of duration, if other than perpetual)	
Upon regist			
	(Date first transacted business i	in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	
Sta 304 - 90	01 3rd Street W, North Vancouve		
Ole 204 - 90		ipal office address)	20
	·	· <u>-</u>	19
	(Current mail	ing address, if different)	PK
			Į,
. Name and stres	et address of Florida registered agent: (P.	O. Box NOT acceptable)	T-
Name:	Capitol Corporate Services, In	ing address, if different) O. Box NOT acceptable)	<u> </u>
	515 East Park Avenue 2nd Fl		Ĵ
office Address:	•	•	J
	Tallahassce (City)	, Florida 32301	
	(City)	(Zip code)	
. Registered ag	ent's acceptance:		
laving been nan	ned as registered agent and to accept ser	vice of process for the above stated corporation at the place	,
esignated in this urther agree to c	application, I neverly accept the appoint commits with the provisions of all statutes	tment as registered agent and agree to act in this capacity. 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.	
		Kim Tadlock, Asst. Secretary on behalf	:
	Kim Tadlock	of Capitol Corporate Services, Inc.	
_	(Registered	d agent's aignature)	
		d, not more than 90 days prior to delivery of this application (nf

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. Nam	es and business addresses of officers and/or directors:		
A. DIRE	ECTORS		J
Director:	Stuart McLaughlin		
Address:	Ste 304 - 901 3rd Street W, North Vancouver, BC, Canada V7P 3P9		٠
Director:	Warren Beach		
Address:	Ste 304 - 901 3rd Street W, North Vancouver, BC, Canada V7P 3P9		
Director:	Kevin Johnston		
Address:	Ste 304 - 901 3rd Street W, North Vancouver, BC, Canada V7P 3P9		
Director:			
Address:			
B. OFF	ICERS		
President:	Kevin Johnston		
Address:	Ste 304 - 901 3rd Street W, North Vancouver, BC, Canada V7P 3P9		
Vice Presi	ldent:	- 2	
Address:	<u> </u>	2019	~1 fr ==
	<u> </u>	APR.	-217
Secretary:		· -\ <u>\</u>	7
Address:	e) c m:	A-	F
Treasurer:	\ \frac{1}{2} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Ö	6
Address:		5	
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and/or directors	j.	
12		<u> </u>	
are true a	Signature of Director or Officer For or director signing this document (and who is listed in number 11 above) affirms that the facts stated and that he or she is aware that false information submitted in a document to the Department of State congree felony as provided for in s.817.155, F.S.		
13. <u>Kev</u>	vin Johnston, President		
	(Typed or printed name and capacity of person signing application)		

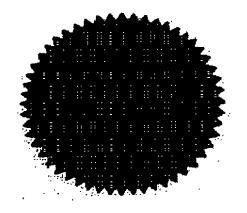


Number: BC1062937

CERTIFICATE OF GOOD STANDING

BUSINESS CORPORATIONS ACT

I Hereby Certify that, according to the corporate register maintained by me, ENCHANT CHRISTMAS LIGHT MAZE & MARKET LTD. was incorporated as a company under the laws of the Province of British Columbia, is a valid and existing company and is, with respect to the filing of annual reports, in good standing.



Issued under my hand at Victoria, British Columbia
On March 22, 2019

WINCE

CAROL PREST

Registrar of Companies

Province of British Columbia

Canada