

F19000002810

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

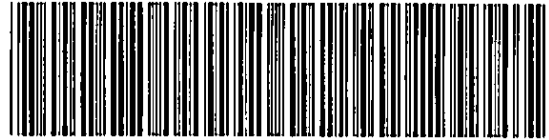
(Business Entity Name)

(Document Number)

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

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MAY 24 5:10:13

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Z BROWN  
JUN 18 2019

# VAN DE BOGART LAW, P.A.

2850 North Andrews Avenue  
Fort Lauderdale, Florida 33311  
Phone: 954-567-6032 - Fax: 954-568-2152  
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May 23, 2019

## VIA FEDERAL EXPRESS

Department of State  
Division of Corporations  
Foreign Profit Corporations  
Clifton Building  
2661 Executive Center Cir.  
Tallahassee, FL 32301

**RE: Registration of Foreign Profit Corporation to Transact Business in Florida**

To whom it may concern:

Enclosed please find the application to register a foreign profit corporation to transact business in Florida, for the business, Cantrio Concepts, Inc., original certificate of existence of the foreign corporation, as well as the \$70.00 registration fee. Please confirm receipt of the aforementioned documents. Thank you.

Respectfully Submitted,

Joseph S. Van de Bogart, Esq.

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CANTRIO KONCEPTS 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:

JOSEPH S VAN DE BOGART

\_\_\_\_\_  
Name of Person

VAN DE BOGART LAW, P.A.

\_\_\_\_\_  
Firm/Company

2850 NORTH ANDREWS AVE

\_\_\_\_\_  
Address

FORT LAUDERDALE, FL, 33311

\_\_\_\_\_  
City/State and Zip code

JOSEPH@VANDEBOGARTLAW.COM

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

For further information concerning this matter, please call:

ASSAF DVIR

416 2400088  
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.

CANTRIO KONCEPTS INC

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)

ONTARIO, CANADA

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

2004

4. (Date of incorporation) 5. (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)

20 DENSLEY AVE, TORONTO, ONTARIO M6M 2R1

7. (Principal office address)

(Current mailing address, if different)

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

Name: JOSEPH S VAN DE BOGART

Office Address: 2850 NORTH ANDREWS AVE

FORT LAUDERDALE, Florida 33311 (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.

FILED

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

**A. DIRECTORS**

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

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

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

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

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

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

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

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

**B. OFFICERS**

President: ASSAF DVIR \_\_\_\_\_

Address: 44 KYLEMOUNT COURT  
THORNHILL, ONTARIO, L4J0J4 \_\_\_\_\_

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

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

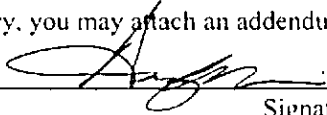
Secretary: \_\_\_\_\_

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. ASSAF DVIR, PRESIDENT \_\_\_\_\_

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

FILED  
MAY 24 AM 12:12  
CLERK OF SUPERIOR COURT  
STATE OF FLORIDA  
TALLAHASSEE

Request ID: 023107208  
Demande n° :  
Transaction ID: 71837422  
Transaction n° :  
Category ID: CT  
Catégorie :

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

Date Report Produced: 2019/05/21  
Document produit le :  
Time Report Produced: 11:58:56  
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

**C A N T R I O   K O N C E P T S   I N C .**

Ontario Corporation Number

Numéro matricule de la société (Ontario)

**0 0 1 6 2 5 6 0 0**

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 U L Y   1 5   J U I L L E T ,   2 0 0 4**

and has not been dissolved.

et n'est pas dissoute.

Dated

Fait le

**M A Y   2 1   M A I ,   2 0 1 9**



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.