

F19000003322

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

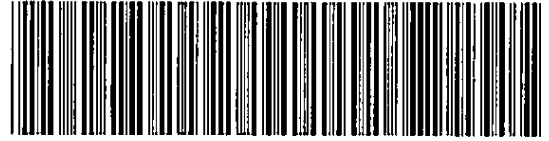
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300331396653

07/12/19--01016--003 **78.75

FILED
19 JUL 12 PM 4:17
ALBERTA STATE
FALL APPELLATE FLORIDA

B KINSEY

JUL 18 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 8525617 CANADA 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:

ABDUL BARI
Name of Person
8525617 CANADA INC.
Firm/Company
16172 COMPTON PALMS DR.
Address
TAMPA, FL 33647
City/State and Zip code
ABDULB2008@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ABDUL BARI at (201) 920-7748
Name of Person Area Code Daytime Telephone Number

FILED
19 JUL 12 PM 4:17
STATE OF FLORIDA
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

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.

1. 8525617 CANADA INC. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

8525617 CAN CORP. (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. CANADA (State or country under the law of which it is incorporated) 3. 98-1389542 (FEI number, if applicable)

4. 05-20-2013 (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)

7. 16172 COMPTON PALMS DR, TAMPA, FL 33647 (Principal office address)

(Current mailing address, if different)

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

Name: ABDUL BARI

Office Address: 16172 COMPTON PALMS DR.

TAMPA, Florida 33647 (City) (Zip code)

19 JUL 12 PM 4:17 RECEIVED STATE SECRETARY OF STATE TALLAHASSEE FLORIDA

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.

Abdul Bari (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: ABDUL BARI

Address: 16172 COMPTON PALMS DR.
TAMPA, FL 33647

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

19 JUL 12 PM 4:17
RECEIVED
REGISTRAR OF STATE
AFFIDAVITS FLORIDA

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

12. _____

Abd. Bari

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. ABDUL BARI - DIRECTOR



Certificate of Compliance

Canada Business Corporations Act
s. 263.1

Certificat de conformité

Loi canadienne sur les sociétés par actions
art. 263.1

8525617 CANADA INC.

Corporate name / Dénomination sociale

852561-7

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.

Raymond Edwards

Director / Directeur

2019-07-07

Issuance date (YYYY-MM-DD)
Date d'émission (AAAA-MM-JJ)