

F190000003724

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

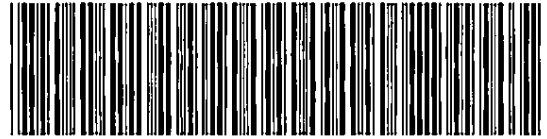
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filers

Office Use Only



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07/24/19--01009--002 **70.00

FILED
2019 AUG 12 PM 5:01
TAMM COUNTY CLERK

B KINSEY
AUG 13 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 2, 2019

MORGAN HILA
9045 STRADA STELL CORUT, 4TH FLOOR
NAPLES, FL 34109

SUBJECT: CAP INVESTMENTS INTERNATIONAL INC
Ref. Number: W19000069925

We have received your document for CAP INVESTMENTS INTERNATIONAL INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

The name and title of the person signing the document must be noted beneath or opposite the signature.

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

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.

Brooke N Kinsey
Regulatory Specialist II

Letter Number: 519A00015820

RECEIVED

AUG 12 2019

COVER LETTER

TO: Registration Section
Division of Corporations
CAP Investments Inc, an Ontario corporation

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:
Morgan Hila

Name of Person
Woods, Weidenmiller, Michetti & Rudnick, LLP

Firm/Company
9045 Strada Stell Court, 4th floor

Address
Naples/FL 34109

City/State and Zip code
mhila@lawfirmnaples.com

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

For further information concerning this matter, please call:

Morgan Hila 239 325-4070

Name of Person at () 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

2019 AUG 12 PM 5:02

FILED

**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.*

CAP Investments Inc.

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

CAP Investments International Inc

(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 22, 2018

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)
46 Esgore Drive, Toronto, Ontario M5M 3R4

7. _____
(Principal office address)

(Current mailing address, if different)

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

WWMR Statutory Agent LLC

Name: _____

9045 Strada Stell Court, 4th Floor

Office Address: _____

Naples _____ 34109
(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.

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2019 AUG 12 PM 5:02
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF DADE
FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Perry Edwards

46 Esgore Drive, Toronto, Ontario M5M 3R4

Address: _____

Director: Kathryn Edwards

46 Esgore Drive, Toronto, Ontario M5M 3R4

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

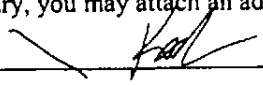
Secretary: _____

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.

Kathryn Edwards, Director

13. _____

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

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2019 AUG 12 PM 5:02
MILWAUKEE, WI

Request ID: 023290870
Demande n° :
Transaction ID: 72301970
Transaction n° :
Category ID: CT
Catégorie :

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

Date Report Produced: 2019/07/03
Document produit le :
Time Report Produced 14:35:41
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 P I N V E S T M E N T S I N C .

Ontario Corporation Number

Numéro matricule de la société (Ontario)

0 0 2 6 1 6 5 0 8

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

and has not been dissolved.

et n'est pas dissoute.

Dated

Fait le

J U L Y 0 3 J U I L L E T , 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.