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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2020 JAN 23 PM 3:40

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE FLORIDA

TO: Registration Section
Division of Corporations
1561599 Ontario Inc.

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:
Beverley Reid

1561599 Ontario Inc. dba Athena Software	Name of Person
33 Dupont Street East	Firm/Company
Waterloo, ON N2J 2G8	Address
finance@athenasoftware.net	City/State and Zip code
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

Beverley Reid	866	806-6014 ext 342
_____	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:

- | | | | |
|--|--|---|---|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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.*

1561599 Ontario 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)
Canada

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
May 13, 2003

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)
33 Dupont Street East, Waterloo, ON N2J 2G8

7. _____
(Principal office address)

(Current mailing address, if different)

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

Name: Bill Havre

7901 4th St N, STE 300

Office Address: _____
St. Petersburg 33702
_____, Florida _____
(City) (Zip code)

2020 JUN 23 PM 3:40

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.

Bill Havre
(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: Michael Gregory Stanley
3482 Hutchison Rd RR1
Address: Linwood, ON N0B 2A0

Vice Chairman: _____
Address: _____

Director: Kevin Stanley
167 Veronica Drive
Address: Kitchener, N2A 4E7

Director: Geoff Bellew
201 Claremont Ave
Address: Kitchener, ON N2M 2P9

B. OFFICERS

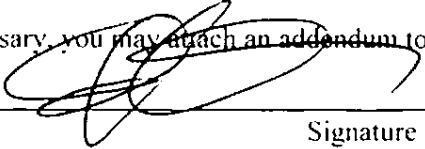
President: Michael Gregory Stanley
3482 Hutchison Rd RR1
Address: Linwood, ON N0B 2A0

Vice President: _____
Address: _____

Secretary: Diane Stanley Horn
3482 Hutchison Rd RR1, Linwood, ON N0B 2A0
Address: _____

Treasurer: Kevin Stanley
33 Dupont Street East
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. Michael Gregory Stanley, President & Chairman
(Typed or printed name and capacity of person signing application)

2020 JUN 23 PM 3:40

Request ID: 024027421
Demande n° :
Transaction ID: 74170752
Transaction n° :
Category ID: CT
Catégorie :

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

Date Report Produced: 2020/01/03
Document produit le :
Time Report Produced: 14:44:59
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

1 5 6 1 5 9 9 O N T A R I O I N C .

Ontario Corporation Number

Numéro matricule de la société (Ontario)

0 0 1 5 6 1 5 9 9

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

M A Y 1 3 M A I , 2 0 0 3

and has not been dissolved.

et n'est pas dissoute.

Dated

Fait le

J A N U A R Y 0 3 J A N V I E R , 2 0 2 0



Director
Directeur

2020 JAN 23 PM 3:40