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(Requestor's Name)					
(Address)					
(Address)					
(Ci	ty/State/Zip/Phone	e #)			
PICK-UP	MAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to	Filing Officer:				

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COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: Writers	Name of corporation	Wy Hers n - must include s	<u>Cauce</u>	ıda	lnc	<u>. · </u>
Dear Sir or Madam:						
The enclosed "Application by Fore "Certificate of Existence," or "Certabove referenced foreign corporations."	tificate of Good Sta	nding" and check				· 4
Please return all correspondence ed			<u>.</u>	TÄLLAHASS	2020 FEB 2	- t
JADO PULLIS				SCU.	24 PF 1	; -
102- Via V	lva (vuZ	,		(C) (D) (C) (C)	4: 36 	
Jupiter FT jadd publishi	33458 City/State	and Zip code				
jadd pussishi	ng 0 5 mc	for future annual	report notific	ation)		
For further information concerning	this matter, please	call:				
Rebucca Pugli Name of Person	Si at (SU Area Co	de Daytim	& & 07 e Telephone	Number		
STREET/COURIER AD Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Su Tallahassee, FL 32303		Regist Divisi P.O. E	LING ADDR ration Section on of Corpora Box 6327 assee, FL 32	n itions		
-	IDA DEPARTMEN	T OF STATE ☐ \$78.75 Filing I Certified Copy		\$87.50 Fi Certificat Certified	te of Sta	

. 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 Miles Holoina Whitere Counda Inc.	
(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)	
2. Canada 3. 98-1223948	
(State or country under the law of which it is incorporated) (FEI number, if applicable)	
4. 1/28/2015 5. Devotual	
(Date of incorporation) (Date of duration, if other than perpetual)	
6. <u>Na</u>	
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
7. 5 Wolf Crescent, Redwood Madoms, Alberta Canad	E
(Principal office street address) $+2 = 16.2$	٣(
same " " " " " " " " " " " " " " " " " " "	
(Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	
Name: Kesecce ruglisi	
Office Address: 102 Via Veracruz	
Jupiter Florida 33458	
(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.	
(Registerodagent's signature)	
10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to	

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS						
□ Chairman	Name: Angela Aczerman	□Chairman	Name: <u>Wa</u>			
□Vice Chairman	Address: 5 Wolf Crescent	□Vice Chairman	Address:			
□Director	Redwood Meadons	□Director				
☑President	Alberta, Canada	□President				
□Vice President	<u>tzt las</u>	□Vice President				
□Secretary	Treasurer	□Secretary	□Treasurer			
□Other	Other	□Other	Other			
□Chairman	Name: Wa	□Chairman	Name: h/a			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		□Director				
□President	- 	□President	2020			
□Vice President		□Vice President	2020 FEE 21			
☐ Secretary	□Treasurer	☐ Secretary	SEE, FLORIDA			
□Other	□ Other	Other				
			: 36 : 36			
□Chairman	Name: Wa	□Chairman	Name: <u>h(a</u>			
□Vice Chairman	Address:	□Vice Chairman	Address:			
Director		□Director				
□President		□President				
□Vice President		□Vice President				
Secretary	Treasurer	□Secretary	Treasurer			
□Other	Other	□Other	□Other			
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.						
12	451					
12. Signature of Director or Officer						
The officer or direct she is aware that far s.817.155, F.S.	ctor signing this document (and who is listed in number alse information submitted in a document to the Departr	nent of State constitu	nat the facts stated herein are true and that he outes a third degree felony as provided for in			
13. Angela Ackerman, President						
(Typed or printed name and capacity of person signing application)						

2018744629

CERTIFICATE OF STATUS

Form 32

I CERTIFY THAT ACCORDING TO THE OFFICIAL RECORDS OF THE CORPORATE REGISTRY

WRITERS HELPING WRITERS CANADA INC.
INCORPORATED IN ALBERTA ON 2015/01/28
IS AS OF THIS DATE A VALID AND SUBSISTING CORPORATION.

GIVEN UNDER MY SEAL OF OFFICE IN THE PROVINCE OF ALBERTA.

DATED: 2020/02/06

