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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (855)330-1010

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION

Xello Inc.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

2020 MAY -8 PM 12:12
 RECEIVED

55

**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. Xello 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

(State or country under the law of which it is incorporated)

3. _____

(FEI number, if applicable)

4. 3/27/1997

(Date of incorporation)

5. Perpetual

(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. 7901 4th St N STE 300 St. Petersburg FL 33702

(Principal office address)

7901 4th St N STE 300 St. Petersburg FL 33702

(Current mailing address, if different)

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

Name: Northwest Registered Agent LLC

Office Address: 7901 4th St N STE 300

St. Petersburg, Florida 33702

(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.

Tom Glover

Northwest Registered Agent LLC

- Assistant Secretary

(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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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: *SEE ATTACHED*

Address: _____

Vice Chairman: *SEE ATTACHED*

Address: _____

Director: *SEE ATTACHED*

Address: _____

Director: *SEE ATTACHED*

Address: _____

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TALLAHASSEE, FLORIDA

B. OFFICERS

President: *SEE ATTACHED*

Address: _____

Vice President: *SEE ATTACHED*

Address: _____

Secretary: *SEE ATTACHED*

Address: _____

Treasurer: *SEE ATTACHED*

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. Matthew McQuillen

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

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

Title: Chairman, CEO

Name: Matthew McQuillen

Address: 1867 Yonge St. #700, Toronto, Ontario CA M4S 1Y5

Title: Director, President

Name: Jeff Harris

Address: 1867 Yonge St. #700, Toronto, Ontario CA M4S 1Y5

Title: Director, CFO

Name: Andrew Shannon

Address: 1867 Yonge St. #700, Toronto, Ontario CA M4S 1Y5

Title: Secretary

Name: Katie Lutes

Address: 1867 Yonge St. #700, Toronto, Ontario CA M4S 1Y5

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Request ID: 024504918
Demande n° :
Transaction ID: 75364689
Transaction n° :
Category ID: CT
Catégorie :

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

Date Report Produced: 2020/05/06
Document produit le :
Time Report Produced: 16:00:27
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

X E L L O I N C .

Ontario Corporation Number

Numéro matricule de la société (Ontario)

0 0 1 2 2 9 5 0 8

is a corporation incorporated,
amalgamated or continued under
the laws of the Province of Ontario.

est une société constituée, produite 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 R C H 2 7 M A R S , 1 9 9 7

and has not been dissolved.

et n'est pas dissoute.

Dated

Fait le

M A Y 0 6 M A I , 2 0 2 0



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.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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