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(Requestor's Name)					
(A	ddress)				
	ddress)				
(C	ity/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL			
(B	usiness Entity Name)	<u> </u>			
(D	ocument Number)				
Certified Copies	Certificates of	Status			
Special Instructions to	Filing Officer:				
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SEP 14 2021 M. SOLOMON

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: 1305159 B.C. LTD.			
	of corporation -	must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreign Co "Certificate of Existence," or "Certificate above referenced foreign corporation to tr	of Good Stand	ing" and check are submi	Business in Florida." tted to register the
Please return all correspondence concerni	ng this matter t	o the following:	
Zaina Kottis			
	Name of P	erson	
Altro LLP			
	Firm/Comp	pany	
155 University Avenue, Suite 300			
	Addre	SS	<u> </u>
Toronto, Ontario, M5H 3B7			
	City/State an	d Zip code	-
zkottis@altrolaw.com			
E-mail address	: (to be used fo	r future annual report not	ification)
For further information concerning this m	atter, please ca	II:	
Zaina Kottis	416 at () 477-8168 Daytime Telephone Number	
Name of Person	Area Code	Daytime Telepho	ne Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the following amore Please make check payable to: FLORIDA DI \$70.00 Filing Fee \$78.75 Filin Certificate of	EPARTMENT g Fee &		■ \$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. 1305159 B.C.			
	corporation; must include "INCORPORATED," lorp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
1305159 B.	C. LTD. INC.		
(If name unavail	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting business in F	Plorida)
2. Canada	1		
(State or countr	ry under the law of which it is incorporated)	(FEI number, if applicable)	
(Date	of incorporation)	(Date of duration, if other than perpetual)	
6.			
	(Date first transacted business in	Florida, if prior to registration) 02, F.S., to determine penalty liability)	
7901 4th St N St	te 300, St. Petersburg, Florida, 33702	02, P.S., to determine penalty hability)	
7	(Principal offic	ce <u>street</u> address)	
	(Timelpai office	e sirer address;	* * *
	(Current mailing	g address, if different)	
			; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
8. Name and stree	et address of Florida registered agent: (P.O	. Box NOT acceptable)	11-4
Name:	Northwest Registered Agent LLC		71 tr.
	7901 4th St N, Ste 300		- 25 25
Office Address:			5 ⁻¹ ;
	St. Petersburg	, Florida	
	(City)	(Zip code)	
designated in this fu <mark>rt</mark> her agree to c	ed as registered agent and to accept service application, I hereby accept the appointm	ee of process for the above stated corporation tent as registered agent and agree to act in this elative to the proper and complete performance sition as registered agent.	is capacity. I
	/s/ Tom Glover		
_	(Registered agent's sig	gnature)	
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: Justus Parmar	□Chairman	Name:			
□Vice Chairman	Address: c/o McMillan LLP Royal Centre,	□Vice Chairman	Address:			
Director	1055 W. Georgia Street, Suite 1500	□Director				
■ President	Vancouver, BC, V6E 4N7	□President				
□Vice President		□Vice President				
Secretary	□Treasurer	☐ Secretary		□Treasurer		
□Other	□Other	□Other	-	□Other		
□Chairman	Name:	□ Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		Director		<u>-</u>		
□President		□President				
□Vice President		□Vice President				
□Secretary	□Treasurer	☐Secretary		□Treasurer 2		
□Other	Other	□Other		□Other <u>F</u>		
□Chairman	Name:	Chairman	Name:	~ (5		
□Vice Chairman	Address:	□Vice Chairman	Address:	· · · · · · · · · · · · · · · · · · ·		
□Director		□Director		- T N		
□President		□President				
□Vice President		□Vice President				
□Secretary	□Treasurer	☐ Secretary		□Treasurer		
□Other	Other	□Other		Other		
individuals may be	Use an attachment to report more than six (6). The attact added to the index when filing your Florida Department	nt of State Annual Re		irposes only. Non-indexed		
12. Signature of Director or Officer						
	ctor signing this document (and who is listed in number also information submitted in a document to the Departr					
10 Justus Parm	ar. President of 1305159 B.C. LTD					

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

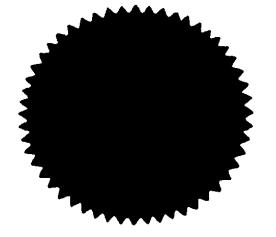
Number: BC130515



CERTIFICATE OF GOOD STANDING

BUSINESS CORPORATIONS ACT

I Hereby Certify that, according to the corporate register maintained by me, 1305159 B.C. LTC was incorporated as a company under the laws of the Province of British Columbia, is a valid and existing company and is, with respect to the filing of annual reports, in good standing.



Issued under my hand at Victoria, British Columbia
On September 8, 2021

Mout

CAROL PREST
Registrar of Companies
Province of British Columbia
Canada