## F21000005477

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Dx	ocument Number)	
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SEP 23 2021

ML GOLOMON

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Jars Holding	g Corp.		
		- must include suffix	
Dear Sir or Madam:			
	ficate of Good Stand	Authorization to Transact Business in Florida," ding" and check are submitted to register the ss in Florida.	
Please return all correspondence con	ecerning this matter	to the following:	
William D. Kitay			
	Name of I	Person	
Law Office of William	n Kitay		
	Firm/Com	pany	
942 Yonge Street, U	Jnit 216		
Toronto, Ontario M4		ANADA	_
	City/State ar	•	
corporatecrossborder			
E-mail ac	idress: (to be used to	or future annual report notification)	
For further information concerning t	his matter, please ca	all:	
William D. Kitay	<sub>31</sub> ,416	587-7348	
Name of Person	Area Code	Daytime Telephone Number	
STREET/COURIER ADD Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suit Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
<del></del>	DA DEPARTMENT	OF STATE  3 \$78.75 Filing Fee & S87.50 Filing Fee Certified Copy Certificate of Sta 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.

(If name unavaila		dopted for the purpose of transacting business in Florida)	
<sub>2.</sub> Delawar	ey under the law of which it is incorporated)	87-1764395	
	0004		
4. July 13,	of incorporation) 5	(Date of duration, if other than perpetual)	
(Date	or incorporation)	(Date of duration, if other than perpetual)	
6	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150	2, F.S., to determine penalty fiability)	
7. 48 Canau		ridge Ontario L4H 0A3 CANADA	
			~
	(Current mailing	address, if different)	321 8
8. Name and stree	et address of Florida registered agent; (P.O.	Box NOT acceptable)	10
Name:	Registered Agents Inc.	17% 17%	21
Office Address:	7901 4th St N STE 300		F# 2:
	St. Petersburg (City)		302
	(City)	(Zip code)	
	ent's acceptance:	e of process for the above stated corporation at the pla ent as registered agent and agree to act in this capacity	

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.

A. DIRECTORS							
Chairman S Chairman	Name: Robert L. Lopez	<b>□</b> Chairman	Name:				-
☐Vice Chairman	Address:	☐Vice Chairman	Address:				-
Director	48 Canada Company Avenue	Director					_
<b>™</b> President	Woodbridge Ontario L4H 0A3	□President		· · · · · · · · · · · · · · · · · · ·			_
□Vice President	CANADA	□Vice President				<del></del>	-
<b>™</b> Secretary	XII reasurer	☐Secretary		□lTreasur	rer		
□Other	☐Other	□Other	<del> </del>	□Other _			•
<b>□</b> Chairman	Name:	<b>□</b> Chairman	Name:				_
□Vice Chairman	Address:	☐Vice Chairman	Address:				
□Director		Director					•
President		□President					•
□Vice President		□Vice President					_
☐ Secretary	□ l'reasurer	☐Secretary		□l'reasu			
□Other	Other	□Other		□Other _	<u></u>	202	-
						43S L	
□ Chairman	Name:	□ Chairman	Name:		<u> </u>	2	
☐Vice Chairman	Address:	□Vice Chairman			110		. : ``
□Director		Director		··	1915 1915 1915 1915	2;	ί.
□President		□President			25	32	
□Vice President		□Vice President					
<b>□</b> Secretary	☐ Treasurer	☐Secretary		□Treasu	rer		
□Other	Other	□Other	□Other				
Important Notice: individuals may be	Use an attachment to report more than six (6). The attachment to report more than six (6). The attachment to the index when filing your Florida Department	ent of State Annual Ro	d for reporting poport form.	urposes only	t. Non-ine	dexed	_
,	Signature of Director o	r Officer					
she is aware that fa s.817.155, F.S.	ctor signing this document (and who is listed in number alse information submitted in a document to the Depart	r 11 above) affirms th ment of State constitu	at the facts stated ites a third degree	d herein are e felony as p	true and to provided !	that he or for in	
13. Robert	L. Lopez - Director						



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "JARS HOLDING CORP." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF SEPTEMBER, A.D.

2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "JARS HOLDING CORP." WAS INCORPORATED ON THE THIRTEENTH DAY OF JULY, A.D. 2021.



Authentication: 204157354

Date: 09-14-21