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Y. SCOTT APR - 2 2022

COVER LETTER

TO: Registration Section Division of Corpora			
SUBJECT: 1000124691 C	NTARIO INC.		
	Name of corporation	- must include suffix	
Dear Sir or Madam:			
The enclosed "Application be "Certificate of Existence," of above referenced foreign con	r "Certificate of Good Stan	ding" and check are submitt	
Please return all corresponde	ence concerning this matter	to the following:	
Samantha Wu			
	Name of	Person	SSC P IT
Altro LLP			PM 4
	Firm/Com	pany	105 F-1
155 University Avenue, Suite	300		יום או
	Addre	ess	
Toronto, Ontario, M5H 3B7			
	City/State a	nd Zip code	
swu@altrolaw.com			
E	-mail address: (to be used f	or future annual report notif	ication)
For further information conc	erning this matter, please c	all:	
Samantha Wu	at (477-8157	
Name of Person	Area Code	Daytime Telephon	e Number
STREET/COURIE Registration Section Division of Corpora The Centre of Tallah 2415 N. Monroe Str Tallahassee, FL 323	tions nassee eet, Suite 810	MAILING ADD Registration Secti Division of Corpo P.O. Box 6327 Tallahassee, FL 3	on orations
Enclosed is a check for the f Please make check payable to: ☐ \$70.00 Filing Fee ☐	FLORIDA DEPARTMENT	_	\$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.

i.					
		orporation; must include "INCORP orp." "Inc." "Co." or "Corp.")	PORATED," "COMPANY," "CORPORATION,	w.	
	(If name unavail	able in Florida, enter alternate corp	orate name adopted for the purpose of transacting	business in Florida)	
2.	Canada		3		
	(State or countr	y under the law of which it is incor	porated) (FEI number, if appl	licable)	
4.	February 23, 20	22	5		
		of incorporation)	incorporation) 5. (Date of duration, if other that		
6.				20	
		(SEE SECTIONS 607.150	d business in Florida, if prior to registration) 01 & 607.1502, F.S., to determine penalty liability	22 HAR	7
7.	7901 4th St N, St	e 300, St. Petersburg, Florida, 3370	02		
			rincipal office <u>street</u> address)	SS.	
	927 Hemlock Dr	ive, Milton, Ontario, Canada, L9T	3X5	man a an	
		(Си	rrent mailing address, if different)	4: 05 STATE	
8.	Name and stree	et address of Florida registered a	agent: (P.O. Box <u>NOT</u> acceptable)		
	Name:	Northwest Registered Agent LL	.c		
О	ffice Address:	7901 4th St N, Ste 300			
		St. Petersburg	, Florida		
		(City)	(Zip code)		
H de fu	aving been namesignated in this orther agree to c	application, I hereby accept the omply with the provisions of all	ccept service of process for the above stated of appointment as registered agent and agree is listatutes relative to the proper and complete is of my position as registered agent.	to act in this capac	city. I
		/s/ Tom Glover			
		(Registere	ed 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.

A. DIRECTORS			
□Chairman	Name: Louis DUROCHER	□Chairman	Name: Michele Theresa FALKINS
□Vice Chairman	Address:	□Vice Chairman	Address:
Director	Cambridge, Ontario	Director	Milton, Ontario, Canada, L9T 3X5
President	Canada, N3C3E6	□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	
□President		□President	2022
□Vice President		□Vice President	
□Secretary	□Treasurer	□Secretary	□ Treasurer
□Other	□Other	□Other	
			÷ 05
□Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		□Director	
□President		□President	
□Vice President		□Vice President	
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer
□Other	Other	□Other	Other
	Use an attachment to report more than six (6). The attack added to the index when filing your Florida Department SROCHER Signature of Director or	nt of State Annual Re	

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.

Louis DUROCHER, President of 1000124691 ONTARIO INC.

Transaction Number / Numéro de transaction: APP-831775952929 Generated on: March 02, 2022, 13:40 / Généré le: 02 mars 2022, 13:40



Ministry of Government and Consumer Services Ministère des Services gouvernementaux et des Services aux consommateurs

Certificate of Status

Attestation du statut juridique

Business Corporations Act

Loi sur les sociétés par actions

This is to certify that

La présente vise à attester que

1000124691 ONTARIO INC.	Z Z Z Z	2022	
Corporation Name / Dénomination sociale	以外	MAR	n
1000124691	FY 0	-7 P	
Ontario Corporation Number / Numéro de société de l'Ontario	E.F.L	K 4: 05	O

is a corporation incorporated, amalgamated or continued under the laws of the Province of Ontario according to the electronic records maintained by the Ministry of Government and Consumer Services.

est une société constituée en personne morale, fusionnée ou maintenue conformément aux lois de la province de l'Ontario, selon les dossiers électroniques tenus par le ministère des Services gouvernementaux et des Services aux consommateurs.

The corporation came into existence on February 23, 2022 and has not been dissolved.

La société a vu le jour le 23 février 2022 et n'a pas été dissoute.

Director / Directeur

Business Corporations Act / Loi sur les sociétés par actions

Sactara Duckett

Certified a true copy of the record of the Ministry of Government and Consumer Services.

Sacbara Duckett

Director/Registrar



Copie certifiée conforme du dossier du ministère des Services gouvernementaux et des Services aux consommateurs.

Sacham Duckett

Directeur ou registrateur