

F22 000 00 2630

(Requestor's Name)

(Address)

(Address)

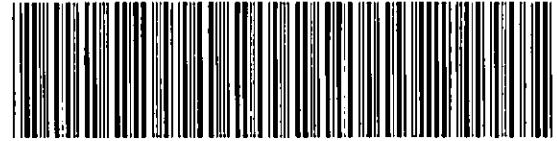
(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



400386090424

Special Instructions to Filing Officer:

file 1st
W22-53256

Office Use Only

DIRECTOR'S OFFICE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2022 APR 21 PM 3:27

RECEIVED

S. FRANKLIN

APR 28 2022



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 22, 2022

CSC

SUBJECT: 1000132976 ONTARIO LIMITED
Ref. Number: W22000053256

RESUBMIT
Please give original
submission date as file date.

4/21/22 st
File 1st

We have received your document for 1000132976 ONTARIO LIMITED .
However, the enclosed document has not been filed and is being returned to you
for the following reason(s):

The name must contain a word that will clearly indicate that it is a corporation.
Such words include: CORPORATION, CORP., COMPANY, CO., INC., and
INCORPORATED.

If you have any questions concerning the filing of your document, please call
(850) 245-6051.

Suzanne Hawkes
Regulatory II

Letter Number: 122A00009430

RECEIVED
2022 APR 27 AM 11:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 625847 8300201
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 87.50

ORDER DATE : April 18, 2022
ORDER TIME : 2:29 PM
ORDER NO. : 625847-010
CUSTOMER NO: 8300201

FOREIGN FILINGS

NAME: 1000132976 ONTARIO LIMITED

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX _____ CERTIFIED COPY
_____ PLAIN STAMPED COPY
XX _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1000132976 ONTARIO LIMITED

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Alissia De Grazia

Name of Person

Levy Salls LLP

Firm/Company

630 Sherbrooke Street West, Suite 910

Address

Montreal, Quebec, H3A 1E4, Canada

City/State and Zip code

adegrazia@levysalls.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alissia De Grazia

at (514) 940-8078

Name of Person

Area Code

Daytime Telephone 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 amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$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. 1000132976 ONTARIO LIMITED 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. Ontario, Canada 3. Applied For
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. March 3, 2022 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. N/A
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 13085 8th Concession, , King City, Ontario, L7B 1K4, Canada
(Principal office street address)

(Current mailing address, if different)

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

Name: Jeffrey Feinberg, Esq.

Office Address: 4651 Sheridan Street, Suite 200

Hollywood, Florida 33021
(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.



(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.

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

A. DIRECTORS

Chairman Name: Furio Orogio
 Vice Chairman Address: 13085 8th Concession
 Director King City, Ontario, L7B 1K4
 President Canada
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Yves Nahmias
 Vice Chairman Address: 177 Transley Road
 Director Thornhill, Ontario, L4J 2Y8
 President Canada
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 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. _____
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. Yves Nahmias, Director
(Typed or printed name and capacity of person signing application)



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

1000132976 ONTARIO LIMITED

Corporation Name / Dénomination sociale

1000132976

Ontario Corporation Number / Numéro de société de l'Ontario

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 March 03, 2022
and has not been dissolved.

La société a vu le jour le 03 mars 2022
et n'a pas été dissoute.

A handwritten signature in cursive script that reads "Barbara Duckitt".

Director / Directeur

Business Corporations Act / Loi sur les sociétés par actions

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

A handwritten signature in cursive script that reads "Barbara Duckitt".

Director/Registrar



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

A handwritten signature in cursive script that reads "Barbara Duckitt".

Directeur ou registrateur