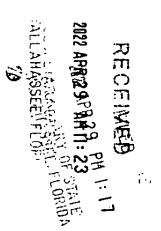
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(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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T. LEMIEUX
MAY - 2 2022

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE : 644652 AUTHORIZATION COST LIMIT : C ORDER DATE: April 28, 2022 ORDER TIME : 8:39 AM ORDER NO. : 644652-005 CUSTOMER NO: 8300201 FOREIGN FILINGS NAME: 1000178732 ONTARIO LIMITED XXXX QUALIFICATION (TYPE: CO) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: XX CERTIFIED COPY ____ PLAIN STAMPED COPY

EXAMINER: ____

XX ___ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: 1000178732 ONTARIO LIMITED					
Name of corporation - must include suffix					
Dear Sir or Madam:					
The enclosed "Application by Foreign Certificate of Existence," or "Certificate of Existence," or corporation above referenced foreign corporation	ficate of Good Stan	Authorization to Transact Business in Florida," ding" and check are submitted to register the as in Florida.			
Please return all correspondence con	cerning this matter	to the following:			
Alissia De Grazia					
	Name of	Person			
Levy Salis LLP					
	Firm/Com	pany			
630 Sherbrooke Street West, Suite 910					
	Addre	ss			
Montreal, Quebec, H3A 1E4, Canada					
	City/State ar	d Zip code			
adegrazia@levysalis.com					
E-mail ad	dress: (to be used for	or future annual report notification)			
For further information concerning to	his matter, please ca	J I:			
Alissia De Grazia	at (940-8078			
Name of Person	Area Code	Daytime Telephone Number			
STREET/COURIER ADD Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
	A DEPARTMENT	DF STATE \$78.75 Filing Fee & \$87.50 Filing Fee, Certified Copy 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.

· L	ONTARIO LIMITED	
(Enter name of "Inc.," "Co.," "	corporation, must include "INCORPORATED," Corp, "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"
		••
1000178732 C	ONTARIO INC.	
(If name unava	ilable in Florida, enter alternate corporate name ad	opted for the purpose of transacting business in Florida)
2. Ontario, Cana	da a	
(State or coun	try under the law of which it is incorporated)	(FEI number, if applicable)
4 April 19, 2022		•
(Dat	te of incorporation)	(Date of duration, if other than perpetual)
6. NA	1	
	(Date first transacted business in F	lorida, if prior to registration)
44 Was dies 4 D	(SEE SECTIONS 607.1501 & 607.1502	2, F.S., to determine penalty liability)
7. 44 Woodland Di	r., Simcoe, Ontario, N3Y 4J9, Canada	
	(Principal office	street address)
	(Current mailing e	address, if different)
8 Name and stre	et address of Florida registered agent: (P.O. I	One MOT assessible)
	Jeffrey Feinberg, Esq.	• •
Name:		- LUZZ
Office Address:	4651 Sheridan Street, Suite 200	P. P.
	Hollywood	
	(City)	, Florida 33021
	•	To P
9. Registered age	ent's acceptance:	
riaving been nam desionated in this	ed as registered agent and to accept service of annication. I beselve accept the appointment	of process for the above stated corporation at the place
winer agree w c	umply wan inc provisions of all statutes rela	it as registered agent and agree to act in this capacity. I it is to the proper and complete performance of my duties,
ınd I am familiar	with and accept the obligations of my positi	on as registered agent.
	/_ //	1
	Cathan 1	entrus
	(Registered agent's signa	
	Inelizieren allant a silita	ame)

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: James Michael Robins		Name:			
□Vice Chairman	Address:	Dvice Chairman	Address:			
Director	44 Woodland Dr.	Director				
President	Simcoe, Ontario, N3Y 439, Canad	la 🗆 President				
□Vice President		□Vice President				
Secretary	☐ Treasurer	Secretary	[]Treasurer			
[]Other		Other				
□ Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	Vice Chairman	Address:			
Director		Director				
□President		□ President				
Vice President		□Vice President				
☐ Secretary	☐Treasurer	☐ Sceretary	□Treasurer			
Other	Other	Other	Other			
□Chairman !	Name:		Name;			
□Vice Chairman /	Address:	□Vice Chairman	Address:			
□Director _						
□President _	·	President				
□Vice President _		ÜVice President				
☐ Secretary	☐Treasurer	☐ Secretary	☐ Treasurer			
Other	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	April 26/22					
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. James Michael Robins, President						
(Typed or printed name and capacity of person signing application)						

Transaction Number / Numéro de transaction: APP-382992113780 Generated on: April 28, 2022, 11:14 / Généré le: 28 avril 2022, 11:14



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

1000178732 ONTARIO LIMITED

Corporation Name / Dénomination sociale

1000178732

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 April 19, 2022 and has not been dissolved.

La société a vu le jour le 19 avril 2022 et n'a pas été dissoute.

Director / Directeur

Business Corporations Act / Loi sur les sociétés par actions

Saebara Duckett

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

Sactara Duckett

Director/Registrar



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

Sacbara Ducketts

Directeur ou registrateur