# F22100002830

| (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: |
| emailed 11 2th                          |
| 5/7/22                                  |
| W22000051097                            |

Office Use Only



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2022 MAY -7 PH 2: 58

S. FRANKLIN MAY 0 7 2022

## **COVER LETTER**

| TO: Registration Section Division of Corporations  |               |
|--|---------------|
| SUBJECT: Citrine Teeth Whitening, Ltd. Corp.   |               |
| 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:  |               |
| Chezlin Stant  |               |
| Name of Person   |               |
| Name of Person  Citrine Teeth Whitening, 4td.  Firm/Company  |               |
| rinizedinpany C  |               |
|  |               |
| 1 1  | <u>-</u><br>ب |
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| E-mail address: (to be used for future annual report notification)   |               |
| For further information concerning this matter, please call:   |               |
| Charles Show 21647 > 949-2439  |               |
| Name of Person Area Code Daytime Telephone Number  |               |
| STREET/COURIER ADDRESS: MAILING ADDRESS:   |               |
| Registration Section Registration Section Division of Corporations Division of Corporations  |               |
| The Centre of Tallahassee P.O. Box 6327  |               |
| 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303   |               |
| 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 & \$78.75 Filing Fee & Certificate of Status  Certificate of Status  Certified Copy  Certified Copy  |               |

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

| (Enter name of     | ine leth Whitening, 4d corporation; must include "INCORPORATED," Corp," "Inc," "Co," or "Corp.") | "COMPANY," "CORPORATION,"  |               |
|--------------------|--|--|---------------|
| (If name unavai    | lable in Florida, enter alternate corporate name ad  | opted for the purpose of transacting business in Flori                     | .da)          |
| 2. Canad           | 1  | -  | <del></del>   |
| Å                  | 26, 2021 5.  |  |               |
|                    | of incorporation)  | (Date of duration, if other than perpetual)                                |               |
| 6. NA              |  |  | <u>-</u>      |
| , i                | (Date first transacted business in F<br>(SEE SECTIONS 607.1501 & 607.1502                        |  |               |
| 7. 26 8            | <b>-</b> .   | am Ontano, 135 1M1, street address)  | <u>Canada</u> |
| 51/51              | VW 14th St, Lauderhill;  | 33.813 Florida USA   |               |
|                    | (Current mailing a   | address, if different)   | 70.           |
| 8 Name and stree   | et address of Florida registered agent: (P.O. I  | Box NOT acceptable)  | 2022 HAY - T  |
|                    | Chezlie, Shan  | <u></u>  | 7             |
| Name:              | A A CO TO THE PARTY  | <del></del>  | 1             |
| Office Address:    | 3251 5715 NKI 14th ST  | <del></del>  | P11 2         |
|                    | Laudethill (City)  | , Florida <u>\$3</u> \$13  | W             |
|                    | (City)   | (Zip code)   | , 05          |
|                    | ent's acceptance:  | of process for the above stated corporation at t                           | ke place      |
| designated in this | application, I hereby accept the appointmen  | nt as registered agent and agree to act in this ca                         | ipacity. I    |
|                    | omply with the provisions of all statutes rela<br>with and accept the obligations of my positi   | tive to the proper and complete performance of<br>ion as registered agent. | ' my duties,  |
|                    |  |  |               |
|                    | Cilhan   |  |               |
|                    | <u> </u>   |  |               |

under the law of which it is incorporated.

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

| A. DIRECTORS                                   | 0  |  |             |                        |                |
|--|--|--|-------------|------------------------|----------------|
| G Chairman                                     | Name: Chezlie Shan   | □ Chairman                             | Name:       |                        |                |
| □Vice Chairman                                 | Address: 5715 NW 14th St   | □Vice Chairman                         | Address:    |                        |                |
| ∴□Director                                     | Lauderhill   | Director                               |             |                        |                |
| □President                                     | _33313, Florida  | □President                             |             |                        |                |
| □Vice President                                |  | ☐ Vice President                       |             |                        |                |
| ☐ Secretary                                    | □Treasurer   | □ Secretary                            |             | ☐Treasur <del>er</del> |                |
| □Other   | ☐Other   | Other                                  | <del></del> | □Other                 |                |
| □ Chairman                                     | Name:  | □ Chairman                             | Name:       |                        |                |
| □Vice Chairman                                 | Address:   | ☐ Vice Chairman                        | Address:    |                        |                |
| □Director                                      |  | Director                               |             |                        |                |
| □President                                     |  | President                              |             |                        |                |
| □Vice President                                |  | □ Vice President                       |             |                        | 2027 HAY       |
| ☐ Secretary                                    | Treasurer  | ☐ Secretary                            |             | ☐Treasurer             |                |
| Other  | □ Other  | □ Other                                |             | Other                  |                |
|  |  |  |             |                        | 구<br>고         |
| □ Chairman                                     | Name:  | □ Chairman                             | Name:       |                        | • •            |
| ☐ Vice Chairman                                | Address:   | □Vice Chairman                         | Address:    |                        |                |
| □Director                                      |  | □ Director                             |             | <del></del>            |                |
| □President                                     |  | ☐ President                            |             |                        |                |
| □Vice President                                |  | □Vice President                        |             |                        |                |
| ☐ Secretary                                    | ☐ Treasurer  | Secretary                              |             | □Treasurer             |                |
| □Other   | Other  | Other                                  |             | Other                  |                |
| individuals may be  12.  The officer or direct | Use an attachment to report more than six (6). The attachment to the index when filing your Florida Department of Director Signature of Director signing this document (and who is listed in number information submitted in a document to the Department of the Departm | r or Officer ber 11 above) affirms the | port form.  | ed herein are true     | and that he or |
|  | (Typed or printed name and capacity of perso   | n signing application)                 |             |                        |                |
|  | ·  | o application)                         |             |                        |                |

| Cer | tificate | of | Fyie | tence |
|-----|----------|----|------|-------|
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### Certificat d'existence

Canada Business Corporations Act s. 263.1(1)(c)

Loi canadienne sur les sociétés par actions art. 263.1(1)

Citrine Teeth Whitening, Ltd. Corporate name / Dénomination sociale 1329584-2 Corporation number / Numéro de société

I HEREBY CERTIFY that the corporation named above was in existence under the Canada Business Corporations Act on 2022-02-17 (YYYY-MM-DD).

JE CERTIFIE, par la présente, que la société ci-dessus mentionnée existait en vertu della Loi canadienne sur les sociétés par actions le 2022-02-17 (AAAA-MM-JJ).



Isabelle Foley

Deputy Director / Directeur adjoint

2022-02-17

Issuance date (YYYY-MM-DD) Date d'émission (AAAA-MM-JJ)

Canadä