

F22000003340

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

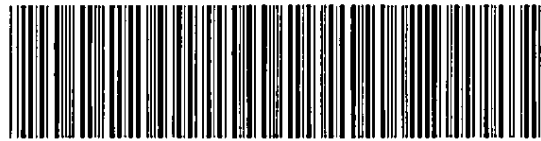
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
2022 MAY 26 AM 11:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
2022 MAY 26 PM 3:50  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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

ACCOUNT NO. : I20000000195  
REFERENCE : 656414 8084636  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 70.00

ORDER DATE : May 3, 2022  
ORDER TIME : 2:37 PM  
ORDER NO. : 656414-015  
CUSTOMER NO: 8084636

FILED  
2022 MAY 25 AM 11:24  
STATE OF FLORIDA  
TALLAHASSEE

FOREIGN FILINGS

NAME: WRKX GROUP USA INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: \_\_\_\_\_

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations  
WRKX GROUP USA INC

**SUBJECT:** \_\_\_\_\_  
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:  
MARK FEIGENBAUM

FEIGENBAUM CONSULTING	Name of Person
1137 CENTRE STREET SUITE 201	Firm/Company
THORNHILL, ONTARIO L4J 3M6, CANADA	Address
MARK@FEIGENBAUMLAW.COM	City/State and Zip code
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

VANESSA COLUCCI	905	6951269
_____	at (_____)	_____
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.*

WRKX GROUP USA INC

1. \_\_\_\_\_  
 (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)  
 DELAWARE

2. \_\_\_\_\_ 3. \_\_\_\_\_  
 (State or country under the law of which it is incorporated) (FEI number, if applicable)  
 MAY 3, 2022 PERPETUAL

4. \_\_\_\_\_ 5. \_\_\_\_\_  
 (Date of incorporation) (Date of duration, if other than perpetual)  
 N/A

6. \_\_\_\_\_  
 (Date first transacted business in Florida, if prior to registration)  
 (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  
 1435 CORNWALL RD, UNIT D3-4, OAKVILLE, ONTARIO L6J 7T5, CANADA

7. \_\_\_\_\_  
 (Principal office street address)

\_\_\_\_\_  
 (Current mailing address, if different)

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301  
 (City) (Zip code)

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**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.*

Corporation Service Company

By: Eylina Baker

Assistant Vice President

(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.

**A. DIRECTORS**

**Robert Bryce**  
 Chairman Name: \_\_\_\_\_  
 25 Scrivener Square  
 Vice Chairman Address: \_\_\_\_\_  
 Suite 1007  
 Director \_\_\_\_\_  
 Toronto, Ontario, M4W 3Y6  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other \_\_\_\_\_  Other \_\_\_\_\_

**Kevin Bryce**  
 Chairman Name: \_\_\_\_\_  
 Vice Chairman Address: 348 Rosslyn Drive  
 Burlington, Ontario  
 Director \_\_\_\_\_  
 L7N 1S6  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other \_\_\_\_\_  Other \_\_\_\_\_

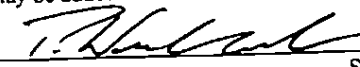
**Paul Weatherhead**  
 Chairman Name: \_\_\_\_\_  
 2010 Winston Park Drive  
 Vice Chairman Address: \_\_\_\_\_  
 Suite 200  
 Director \_\_\_\_\_  
 Oakville, Ontario L6H 6P5  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other \_\_\_\_\_  Other \_\_\_\_\_

**Brenda Bryce**  
 Chairman Name: \_\_\_\_\_  
 25 Scrivener Square  
 Vice Chairman Address: \_\_\_\_\_  
 Suite 1007  
 Director \_\_\_\_\_  
 Toronto, Ontario M4W 3Y6  
 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. PAUL WEATHERHEAD  
 (Typed or printed name and capacity of person signing application)

# Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WRKX GROUP USA INC." 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 TWENTY-SIXTH DAY OF MAY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WRKX GROUP USA INC." WAS INCORPORATED ON THE THIRD DAY OF MAY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.



  
Jeffrey W. Bullock, Secretary of State