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Division of Corporations

Fax Number : {850}617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC. Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

	Tr;	
mail Address:		•

FOREIGN PROFIT/NONPROFIT CORPORATION

PSD Citywide (US) Inc.

Certificate of Status	0
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Help

S. ROBERTS

JUL 0 5 2022

COVER LETTER

	tration Section ion of Corporations			
SUBJECT:	PSD Citywide (US) Inc.			
50 202 01.	Name o	of corporation -	must include suffix	
Dear Sir or M	adam:			
"Certificate o	"Application by Foreign Co f Existence," or "Certificate ced foreign corporation to to	of Good Stand	uthorization to Transact Business in Florida," ng" and check are submitted to register the in Florida.	
Please return	all correspondence concerni	ng this matter to	the following:	
Deborah E. Ka	ilstek, Paralegal, c/o Hodgson	Russ LLP		
		Name of Pe	erson	
Hodgson Russ	LLP			
3.7.1	· <u>-</u>	Firm/Comp	any	
140 Pearl St.,	Ste. 100			
		Addres	S	
Buffalo, NY 1	4202			
		City/State and	l Zip code	
finance@psdc	itywide.com			
	E-mail address	s: (to be used fo	r future annual report notification)	
For further in	formation concerning this tr	natter, please ca	II:	
Deborah E. Ka	alstek, Paralegal	at (848-1371	
Nam	e 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 Please make of \$70.00 Fil	check for the following am heck payable to: FLORIDA D ling Fee	EPARTMENT ng Fee &	OF STATE \$78.75 Filing Fee & Certified Copy Certified Copy 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.

(Enter name of co "Inc.," "Co.," "Co	orporation; must include "INCORPORATED," orp.," "Inc.," "Co," or "Corp.")	"COMPAN"	Y," "CORPORATION,"	•
If name unavaila	ible in Florida, enter alternate corporate name a	dopted for th	e purpose of transacting	business in Florida)
(State or countr	y under the law of which it is incorporated)		(FEI number, if appl	icable)
(Date	5. of incorporation)	(Da	te of duration, if other the	an perpetual)
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150			·)
148 Fullarion St	9th Fl., London, ON N6A 5P3 Canada	72, 1 .0., 10 4	, , , , , , , , , , , , , , , , , , ,	•
	(Principal offic	c street add	ress)	
	(1111)			
	(Current mailing	g address, if o	different)	LALLS COLL
Name and street	et address of Florida registered agent: (P.O	. Box <u>NOT</u>	_acceptable)	፲. [2 ሆ
Name:	Corporate Creations Network Inc.			
Tice Address:	801 US Highway 1			PRADUCT PL
HICC MUUICOS.	North Palm Beach	 FL	33408	1 - 7
		'	(Zip code)	

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.

Corporate Creations Network Inc.

By: Nicholas Nichols, Special Secretary
(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:	□ Chairman	Name:	
□Vice Chairman	Address: 148 Fullarton St., 9th Fl.	□ Vice Chairman	Address:	
■ Director	London, ON N6A 5P3 Canada	□Director		
■President		□President		
□Vice President		□Vice President		
Secretary	©Treasurer	Secretary	☐ Treasurer	
□Other	Other	□Other	□Other	
☐Chairman ☐Vice Chairman ŒDirector ☐President ŒVice President ☐Secretary ☐Other	London, ON N6A 5P3 Canada	□Chairman □Vice Chairman □Director □President □Vice President □Secretary □Other	Name:Address:	
_				
□Chairman	Name:	□ Chairman	Name:	
	Address:		Address:	
□Director		☐ Director		
□President		□ President		
□ Vice President	FP 4	□ Vice President □ Secretary	□Treasurer	
☐Secretary	□ Freasurer	COther		
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 Floridal 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 \$,817,155, F.S.				
	Dawe, President			
	(Typed or printed name and capacity of person	n signing application	n)	

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "PSD CITYWIDE (US) 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 FIFTH DAY OF JULY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PSD CITYWIDE"

(US) INC." WAS INCORPORATED ON THE TWENTIETH DAY OF APRIL, A.D.

2022.

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

e at corp delaware gov/aut

Authentication: 203832636

Date: 07-05-22

6746455 8300 SR# 20222900588