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ATT ANY COLD TO BE SEEN

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S. FRANKLIN OCT 2 4 2022

Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

incserv

ORDER FORM

TO Florida Department of State

The Centre of Tallahassee

2415 North Monroe Street, Suite 810

Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

FROM Melissa Moreau

mmoreau@incserv.com

850.656.7953

REQUEST DATE 10/21/2022

PRIORITY Regular Approval

OUR REF # (Order ID#) 1081575

ORDER ENTITY_

1000340795 ONTARIO INC.

PLEASE PERFORM THE FOLLOWING SERVICES:		··					- 1
1000340795 ONTARIO INC. (FL)	 		 	 	_	 	

File the attached foreign qualification document and provide a certified copy and certificate of status.

NOTES:

\$87.50 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

W

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Friday, October 21, 2022

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: 1000340795 ON	TARIO INC.		
	Name of corporation -	must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Fo "Certificate of Existence." or "Ce above referenced foreign corpora	ertificate of Good Stand	ing" and check are sub	
Please return all correspondence	concerning this matter t	o the following:	
Samantha Wu			
	Name of P	erson	"
Altro LLP			
	Firm/Comp	oany	
155 University Avenue, Suite 300			
	Addres	······································	
Toronto, Ontario, M5H 3B7			2027
	City/State and	d Zip code	
swu@altrolaw.com			دع
E-mai	l address: (to be used fo	r future annual report	natitivation)
For further information concerning	ng this matter, please ca	II:	indiffication)
Samantha Wu	at (416) 477-8157	<u> </u>
Name of Person	Area Code	Daytime Telep	hone Number
STREET/COURIER A Registration Section Division of Corporations The Centre of Tallahasse 2415 N. Monroe Street. S Tallahassee, FL 32303	e	MAILING A Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7
	RIDA DEPARTMENT (OF STATE \$78.75 Filing Fee & Certified Copy	■ \$87.50 Filing Fee, Certificate of Status &

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	ONTARIO INC. orporation; must include "INCORPORATED," orp," "Inc." "Co," or "Corp.")	"COMPANY," "CORPORATION,"				
inc., Co., Co	orp, the Co. of Corp. 1					
(If name unavails	able in Florida, enter alternate corporate name a	donted for the purpose of transacting bu	sinuss in Florida)			
Canada	ame in Florida, enter alternate corporate name a	dopted for the purpose of transacting ou	siliess iii Piorida)			
(State or countr	y under the law of which it is incorporated)	(FFI number, if applica	ble)			
October 18, 2	·					
	of incorporation) 5.	(Date of duration, if other than perpetual)				
		,	,			
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150					
7901 4th St N, St	e 300. St. Petersburg, Florida, 33702					
	(Principal offic	e <u>street</u> address)				
11 Dorr Crt, A	Ancaster, Ontario, Canada, L9K 0H4					
		address, if different)				
Name and stree	<u>et address</u> of Florida registered agent: (P.O	Box NOT acceptable)	1277 11			
Name:	Northwest Registered Agent LLC		2			
office Address:	7901 4th St N. Ste 300		7.21			
	St. Petersburg	Florida 33702	7			
	(City)	. Florida 33702 (Zip code)	<u>.</u> .			
laving been nam esignated in this orther agree to co	ent's acceptance: ed as registered agent and to accept servic application, I hereby accept the appointm omply with the provisions of all statutes re	ent as registered agent and agree to lative to the proper and complete pe	act in this capacity rformance of my d			
na 1 am familiar	with and accept the obligations of my pos	ition as registered agent.				
	/s/ Tom Glover					
	(Registered agent's sig	nature)				
0.4	certificate of existence duly authenticated,					

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

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS Name: Michael Arthur David Murphy Name: ____ Natalie Marie Murphy □ Chairman □ Chairman Address: ___11 Dorr Crt Address: _11 Dorr Crt □ Vice Chairman ☐ Vice Chairman Ancaster, Ontario, Canada, L9K 0H4 Ancaster, Ontario, Canada, L9K 0H4 Director Director President □ President Vice President □ Vice President □ Secretary ☐Treasurer Secretary ■ Treasurer □Other _____ □Other □Chairman Name: _____ □Chairman □Vice Chairman Address: ______ □ Vice Chairman Address: □ Director □ Director □President □President □Vice President □ Vice President ☐Treasurer ?? □Secretary ☐ Treasurer □ Secretary □Other ____ □Other _____ □Other ____ □Other _ □ Chairman Name: ______ ☐ Chairman Name: □Vice Chairman Address: ______ □ Vice Chairman Address: ______ ☐ Director □Director □President □President □Vice President __ □ Vice President □Treasurer □ Secretary □ 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. /s/ Michael Arthur David Murphy

Signature of Director or Officer

The officer or director signing this document (and who is fisted 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. Michael Arthur David Murphy, President of 1000340795 ONTARIO INC.

Transaction Number / Numéro de transaction: APP-A10053**483521** Generated on: October 18, 2022, 12:40 / Généré le: 18 octobre 2022, **12:40**



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

1000340795 ONTARIO INC.

Corporation Name / Dénomination sociale

1000340795

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 tenûs par le ministère des Services gouvernementaux et des Services aux consommateurs.

The corporation came into existence on October 18, 2022 and has not been dissolved.

La société a vu le jour le 18 octobre 2022 et n'a pas été dissoute.

V. Quintarilla W.

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.

V. (luminum)

Director/Registrar



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

V. Quintarilla W.

Directeur ou registrateur