

F220000006834

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

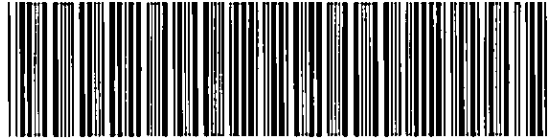
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 NOV -4 PM 12:56

2022 NOV -4 AM 11:10

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 11/4/2022

****WALK IN****

ENTITY NAME 1000355677 ONTARIO, INC.

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXXX Plain Copy

XXXXXXX Certified Copy

XXXXXXX Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments
Certified Copy of Arts & Amendments Complete File (Including Annual Reports)
Certificate of Status
Certificate of Status Reflecting: _____

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$ 87.50

ACCOUNT # 120160000072

em: c J2W

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1000355677 ONTARIO INC.

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:

Samantha Wu

Name of Person

Altro LLP

Firm/Company

155 University Avenue, Suite 300

Address

Toronto, Ontario, M5H 3B7

City/State and Zip code

swu@altrolaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Samantha Wu

at (416)

477-8157

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.*

1. 1000355677 ONTARIO INC.
(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)
2. Canada 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. November 3, 2022 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 7901 4th St N, Ste 300, St. Petersburg, Florida, 33702
(Principal office street address)
- 221 Dunvegan Rd., Toronto, Ontario, Canada, M5P 2P3
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Northwest Registered Agent LLC
- Office Address: 7901 4th St N, Ste 300
- St. Petersburg, Florida 33702
(City) (Zip code)

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.

/s/ Tom Glover

(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: Stephen Politsky

☐ Vice Chairman Address: 221 Dunvegan Rd.

☒ Director Toronto, Ontario, Canada, M5P 2P3

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: Elyse Freedman

☐ Vice Chairman Address: 221 Dunvegan Rd.

☐ Director Toronto, Ontario, Canada, M5P 2P3

☒ 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 _____

☐ 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. /s/ Stephen Politsky
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. Stephen Politsky, President of 1000355677 ONTARIO INC.
(Typed or printed name and capacity of person signing application)

Transaction Number / Numéro de transaction: APP-A10064104051
Generated on: November 03, 2022, 12:37 / Généré le: 03 novembre 2022, 12:37



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

1000355677 ONTARIO INC.

Corporation Name / Dénomination sociale

1000355677

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 November 03, 2022
and has not been dissolved.

La société a vu le jour le 03 novembre 2022
et n'a pas été dissoute.

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.

Director/Registrar



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

Director or registrar