F22000007208

(Reque	stor's Name))
(Addres	ss)	
(Addres	is)	
(City/St	ate/Zip/Phor	ne #)
PICK-UP	WAIT	MAIL
(Busine	ss Entity Na	me)
(Docum	ent Number)
Certified Copies	Certificate	s of Status
Special Instructions to Filin	g Officer:	





300395308183

19 17/27--01017--017 **75.05

11/29/22--01012--002 **300.00

2022 HOV 29 FH 2: 17

COVER LETTER

	tration Section ion of Corporations			
SUBJECT:	Omega Alpha Equine, Inc.			
301313017	Name o	f corporation -	must include suffix	
Dear Sir or M	adam:			
"Certificate o	"Application by Foreign Corf Existence," or "Certificate of ced foreign corporation to tra	of Good Standi	ng" and check are submitt	usiness in Florida." ed to register the
Please return	all correspondence concernit	ng this matter to	the following:	
Christopher T.	Schmidt			
		Name of Po	erson	
Boardman & C	Jark 1.LP			
		Firm/Comp	any	
1 S Pinckney S	St Ste 410			
<u> </u>		Addres	S	_
Madison, WI 5	53703			
		City/State and	l Zip code	
cjiang@omega	aalpha.ca			
	E-mail address:	(to be used for	future annual report notif	fication)
For further in	formation concerning this ma	atter, please cal	l:	
Christopher T.	. Schmidt	608 at (286-7157	
Nam	ne of Person	Area Code	Daytime Telephon	e Number
Regis Divis The C 2415	EET/COURIER ADDRESS stration Section sion of Corporations Tentre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303	3:	MAILING ADD Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL. 1	ion orations
Enclosed is a Please make el	check for the following amo heek payable to: FLORIDA DE ling Fee	PARTMENT ($_{ m g}$ Fee & $_{ m c}$		☐ \$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.

Omega Alpha E	quine. Inc.					
(Enter name of co "Inc.," "Co.," "Co	orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp ")	ЕБ," "СОМІ	PANY," "CORPORATION			
(If name unavail:	thle in Florida, enter alternate corporate na	me adopted f	or the purpose of transacting	g business in	Florida)	
Delaware		3	352373560)		
(State or country	y under the law of which it is incorporated)	···	(FEI number, if app	olicable)	·	•
10/26/2009		5				
(Date	of incorporation)	J	(Date of duration, if other (han perpetual)	•
12/01/2020						
	(Date first transacted busines (SEE SECTIONS 607,1501 & 607			y)		-
3588 C Road, Los	xahatchee, FL 33470					
		office <u>street</u>	address)	_		-
795 PHARMAC	Y AVENUE, Toronto, Ontario, Canada M	11. 3K2		= .	8027	
	(Current ma	iling address	s, if different)		2 40N 2208	• ;
. Name and stree	<u>t address</u> of Florida registered agent: (P.O. Box <u>N</u>	NOT acceptable)		ഥ	
Name:	Corporation Service Company			,	PH	
Office Address:	1201 Hays Street				2: 17	
	Tallahassee	, F	lorida 3230 t		_	
	(City)		(Zip code)			
laving been nam lesignated in this urther agree to c nd I am familiar	ent's acceptance: cd as registered agent and to accept se application, I hereby accept the appoi omply with the provisions of all statute with and accept the obligations of my	ntment as r es relative to	ocess for the above stated registered agent and agre o the proper and complet	e to act in t	his capa	icity.

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			
≡ Chairman	Gordon Chang Name:	∏Chairman	Name:
□Vice Chairman	Address: 5 Woodvale Crescent	□Vice Chairman	Address:
■ Director	Toronto, Ontario, Canada M4C 5N4	Director	
■ President		□President	
∐Vice President		□Vice President	
Secretary	Treasurer	☐ Secretary	□Treasurer
Other	Other	□Other	Other
∐Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□ Vice Chairman	Address:
∐ Director		∐Director	
□President		President	
∐Vice President		□Vice President	
☐Secretary	□Treasurer	☐ Secretary	□Treasurer
TOther	□ □ Other □	Other	[]Other
□Chairman	Name:	□Chainnan	Name:
□Vice Chairman	Address:	[]Vice Chairman	Address:
□Director		□Director	
□President		□President	
□Vice President		□Vice President	
☐ Secretary	☐ Treasurer	☐ Secretary	☐Treasure:
□Other	Other	□Other	Other
individuals may b	Use an attachment to report more than six (6). The attachment to the index when filing your Florida Departm	ent of State Annual R	Report form.
12.	Signature of Director	or Officer	
she is aware that s.817.155, F.S.	ector signing this document (and who is listed in numberalse information submitted in a document to the Department President	er 11 above) affirms t tment of State constit	that the facts stated herein are true and that he of tutes a third degree felony as provided for in

Page 1



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

DELAWARE, DO HEREBY CERTIFY "OMEGA ALPHA EQUINE, 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-SECOND DAY OF SEPTEMBER, A.D.

2022.



Authentication: 204462956

Date: 09-22-22