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S. ROBERTS
MAR 1 0 2023

COVER LETTER

TO: Registration Division of C			
SUBJECT: CASIL	.CO CAPITAL CORPOR	ATION	
	Name of	corporation -	must include suffix
Dear Sir or Madam:			
"Certificate of Existe	ence," or "Certificate of	Good Stand	ing" and check are submitted to register the
Please return all corre	espondence concerning	this matter t	o the following:
Michael Kennedy			
		Name of P	erson
Ingenuity Counsel			
		Firm/Comp	any
1222 Lesperance Road	1		
		Addres	s
Tecumseh, Ontario, Ca	anada N8N 1X5	City/State and Zip code mail address: (to be used for future annual report notification)	
	(City/State an	d Zip code
mk@ingenuitycounsel			
	E-mail address: (to be used fo	r future annual report notification)
For further informati	on concerning this matt	er, please ca	it:
Michael Kennedy	at	⁽⁵¹⁹	252-3888
Name of Per	rson	Area Code	Daytime Telephone Number
Registration Division of C The Centre of	Corporations of Tallahassee nroe Street, Suite 810		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
	for the following amour able to: FLORIDA DEP. S78.75 Filing I Certificate of S	ARTMENT (DF STATE \$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy 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.

inc.," "Co.," "C	orp," "Inc," "Co," or "Corp.")		
If name unavail	able in Florida, enter alternate corpor	ate name adopted for the purpose of transactir	ng business in Florida)
Ontario, Canada	ı	3.	
(State or countr	y under the law of which it is incorp-	3. (FEI number, if ap	oplicable)
January 01, 202		5.	
(Date	of incorporation)	5. (Date of duration, if other	than perpetual)
January 01, 202	2		
	(SEE SECTIONS 607.150)	ousiness in Florida, if prior to registration) & 607.1502, F.S., to determine penalty liabil	ity)
PH1000 - 4665 R	IVERSIDE DR E, WINDSOR, ONT	ARIO, CANADA N8Y 4S8	
		ncipal office street address)	.?
PH 1000 - 4665 F	RIVERSIDE DR E, WINDSOR, ON	'ARIO, CANADA N8Y 4S8	2027
	(Curt	ent mailing address, if different)	• •
			٠)
	t address of Florida registered ag	ent: (P.O. Box NOT acceptable)	. •
Name and street			- -
	CORPORATION SERVICE CO	MPANY	•
Name and street Name:		MPANY	
	CORPORATION SERVICE CO:	MPANY	. i0: 5 t
Name:	1201 HAYS STREET		رن ن <u>ن</u>
Name:	1201 HAYS STREET	, Florida 32301 (Zip code)	رن ن ن ن
Name: fice Address:	1201 HAYS STREET		, iÜ: 5 y
Name: fice Address: Registered agwing been name	1201 HAYS STREET TALLAHASSEE (City) ent's acceptance: and as registered agent and to acceptance and to acceptance and to acceptance.	, Florida 32301 (Zip code) rept service of process for the above state	d corporation at the pl
Name: fice Address: Registered ag wing been nam signated in this	1201 HAYS STREET TALLAHASSEE (City) ent's acceptance: led as registered agent and to acceptate application, I hereby accept the	, Florida 32301 (Zip code) rept service of process for the above state appointment as registered agent and agr	d corporation at the pl ee to act in this capaci
Name: fice Address: Registered agiving been namsignated in this ther agree to c	1201 HAYS STREET TALLAHASSEE (City) ent's acceptance: ned as registered agent and to acceptance application, I hereby accept the comply with the provisions of all:	, Florida 32301 (Zip code) rept service of process for the above state	d corporation at the pl ee to act in this capaci
Name: fice Address: Registered agiving been namignated in this ther agree to c	1201 HAYS STREET TALLAHASSEE (City) ent's acceptance: ned as registered agent and to acceptance application, I hereby accept the comply with the provisions of all:	, Florida 32301 (Zip code) rept service of process for the above state appointment as registered agent and agricultus relative to the proper and comple	d corporation at the pl ee to act in this capaci
Name: fice Address: Registered againg been namesignated in this other agree to contact the state of the stat	1201 HAYS STREET TALLAHASSEE (City) ent's acceptance: ned as registered agent and to acceptance application, I hereby accept the comply with the provisions of all:	, Florida 32301 (Zip code) rept service of process for the above state appointment as registered agent and agricultus relative to the proper and complet of my position as registered agent.	d corporation at the pl ee to act in this capaci

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 CARLO CORSINI Name: □Chairman ☐ Chairman PH1000-4665 RIVERSIDE DR E Address: □Vice Chairman Address: ☐Vice Chairman WINDSOR, ONTARIO □ Director ■ Director CANADA N8Y 4S8 President □ President ☐Vice President ☐ Vice President **■**Secretary Treasurer □ Secretary □Treasurer □Other _____ □Other____ Other ____ Other_____ □ Chairman Name: □ Chairman Name: Address: _____ □Vice Chairman Address: □Vice Chairman Director Director □President □President ☐ Vice President □Vice President ☐ Secretary ☐ Treasurer □ Secretary □ Treasurer □Other _____ □Other _____ Other _____ Name: _____ □ Chairman □Chairman □Vice Chairman Address: □Vice Chairman Address: _____ Director Director □ President President □Vice President ☐ Vice President □ Sccretary □ Treasurer □ Secretary ☐ Treasurer □Other _____ □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. 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. CARLO CORSINI, President

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Ministry of Public and Business Service Delivery Ministère des Services au public et aux entreprises

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

CASILCO CAPITAL CORPORATION

Corporation Name / Dénomination sociale

1000057234

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 Public and Business Service Delivery.

The corporation came into existence on January 01, 2022 and has not been dissolved.

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 au public et aux entreprises.

La société a vu le jour le 01 janvier 2022 et n'a pas été dissoute.

Director / Directeur

Business Corporations Act / Loi sur les sociétés par actions

V. Quintarilla W.

Certified a true copy of the record of the Ministry of Public and Business Service Delivery.

V. Quintavilla W

Director/Registrar



Copie certifiée conforme du dossier du ministère des Services au public et aux entreprises.

V. Quintarilla W.

Directeur ou registrateur