F23000002076

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56:4.4.5.133

COVER LETTER

_	tration Section ion of Corporations		
SUBJECT:	CASILCO CORPORATION		
		corporation	must include suffix
Dear Sir or M	adam:		
"Certificate o	"Application by Foreign Conf Existence," or "Certificate of ced foreign corporation to tra	of Good Stand	authorization to Transact Business in Florida," ing" and check are submitted to register the s in Florida.
Please return	all correspondence concernin	g this matter	to the following:
Michael Kenne	edy		
		Name of P	erson
Ingenuity Cour	nsel		
	-	Firm/Comp	any
1222 Lesperan	ce Road		
		Addres	55
Tecumseh, On	tario, Canada N8N 1X5		
······································		City/State an	d Zip code
mk@ingenuity	counsel.com		
	E-mail address:	(to be used fo	r future annual report notification)
For further in	formation concerning this ma	tter, please ca	11:
Michael Kennedy		st (252-3888
Nam	e of Person	Area Code	Daytime Telephone Number
Regis Divis The C 2415	tration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 nassee, FL 32303	:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a Please make ch \$70.00 Fili	check for the following amou eck payable to: FLORIDA DE ing Fee	PARTMENT Fee &	OF STATE \$78.75 Filing Fee & \$87.50 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.

5	(FEI number, if applicab (Date of duration, if other than pellorida, if prior to registration) F.S., to determine penalty hiability) ADA N8Y 4S8 street address)	ole)
5	(Date of duration, if other than polarida, if prior to registration) , F.S., to determine penalty hiability) ADA N8Y 4S8 street address)	erpetual)
5	(Date of duration, if other than polarida, if prior to registration) , F.S., to determine penalty hiability) ADA N8Y 4S8 street address)	erpetual)
(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502 ERSIDE DR E, WINDSOR, ONTARIO, CAN (Principal office of the Canal of the Can	lorida, if prior to registration) , F.S., to determine penalty liability) ADA N8Y 4S8 street address)	
(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502 ERSIDE DR E, WINDSOR, ONTARIO, CAN (Principal office of the Canal of the Can	lorida, if prior to registration) , F.S., to determine penalty liability) ADA N8Y 4S8 street address)	
(SEE SECTIONS 607.1501 & 607.1502 ERSIDE DR E, WINDSOR, ONTARIO, CAN (Principal office; /FRSIDE DR E, WINDSOR, ONTARIO, CAN	, F.S., to determine penalty liability) ADA N8Y 4S8 street address)	2.82.7
ERSIDE DR E, WINDSOR, ONTARIO, CAN (Principal office; /FRSIDE DR E, WINDSOR, ONTARIO, CAN	ADA N8Y 4S8 street address)	7,07
/ERSIDE DR E, WINDSOR, ONTARIO, CAN	street address)	7027
	JADA N8Y 4S8	
(Co		
(Current mailing a	ddress, if different)	
		 - '
uddress of Florida registered agent: (P.O. E	Box NOT acceptable)	
CORPORATION SERVICE COMPANY		,
1201 HAYS STREET	_	-:- သ ယ
		(A)
TALLAHASSEE	, Florida	
(City)	(Zip code)	
optication, I hereby accept the appointment sply with the provisions of all statutes relations and accept the obligations of my positions.	it as registered agent and agree to a tive to the proper and complete perj ion as registered agent.	ict in this capac
	CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE (City) "s acceptance: as registered agent and to accept service oplication, I hereby accept the appointment of the provisions of all statutes relaith and accept the obligations of my position.	TALLAHASSEE , Florida 32301 (City) (Zip code) "s acceptance: as registered agent and to accept service of process for the above stated corpoplication, I hereby accept the appointment as registered agent and agree to apply with the provisions of all statutes relative to the proper and complete per tith and accept the obligations of my position as registered agent.

^{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	PH1000-4665 RIVERSIDE DR E	□ Vice Chairman	Address: PH1000-4665 RIVERSIDE DR E				
Director	WINDSOR, ONTARIO	Director	WINDSOR, ONTARIO				
President	CANADA N8Y 4S8	□President	CANADA N8Y 4S8				
□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				
□Other	Other	□Other					
□ Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		□Director					
□President		□President	4.				
□Vice President		□Vice President					
☐ Secretary	□Treasurer	□ Secretary	☐ Treasurer				
□Other	Other	Other	Other				
Important Notice: individuals may be	Use an attachment to report more than six (6). The a added to the index when filing your Florida Depart	attachment will be image ment of State Annual Re	d for reporting purposes only. Non-indexed eport form.				
12		<u> </u>					
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. ROSA CORSINI, Secretary

Transaction Number / Numéro de transaction: APP-A10128290794 Generated on: February 15, 2023, 11:56 / Généré le: 15 février 2023, 11:56



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 CORPORATION

Corporation Name / Dénomination sociale

2573203

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 April 21, 2017 and has not been dissolved.

est une société constituée en personne morale, fusionnée ou maintenue conformément aux lois de la province de l'Ontarlo, selon les dossiers électroniques tenus par le ministère des Services au public et aux entreprises.

La société a vu le jour le 21 avril 2017 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. Quintarillo W.

Directeur ou registrateur