# F24000006085

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.

Office Use Only



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RECEIVED

2024 DEC -2 AM 11: 252024 DEC -2 AM 9: 43

### Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com



### **ORDER FORM**

FROM

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

Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST	DATE	12/2/2024
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**PRIORITY** Regular Approval

OUR REF. # (Order ID#) 1326611

ORDER ENTITY 1001076647 ONTARIO INC.

### PLEASE PERFORM THE FOLLOWING SERVICES:

1001076647 ONTARIO INC. (FL)

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

NOTES: \$78.75 Authorized

### RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

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

Sincerely,

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.

Monday, December 2, 2024 Page 1 of 1

### **COVER LETTER**

TO:	_	ation Sec on of Cor	ction porations					
SUBJ	ECT:	100107	76647 ONTARIO	) INC.				
	.,		Name	of corpor	ation - n	iust include si	iffix	
Dear S	ir or Ma	dam:						
"Certif	icate of	Existence		e of Good	Standin	g" and check a		et Business in Florida," mitted to register the
Please	return al	Leorresp	ondence concerr	ing this m	atter to	the following:		
Rache	el McFal	1						
	·	· · · · · · · · · · · · · · · · · · ·		Nam	e of Per	son		
Altro L	.LP							
				Firm/	Compar	iy.	-	
20 Ad	elaide Sti	reet East,	Suite 905					
					Address			
Toron	ito, Ontar	io, M5C I	2T6					
		-	<del>,</del>	City/St	ate and	Zip code		
rmefa	ll@altrol	law.com						
		•	E-mail addres	s: (to be u	sed for I	uture annual r	eport n	otification)
For fur	ther info	rmation	concerning this i	natter, ple	ase call:			
Rache	el McFall	1		at (410	, ,	477-816	8	
	Name	of Persor	1		Code	Daytime	Telepl	none Number
	Registr Divisio The Ce 2415 N	ration Secon of Cor entre of T	porations allahassee 2 Street, Suite 81			Registr Divisio P.O. Be	ation S n of Co ox 6327	prporations
Please r		ek payabli	the following ame to: FLORIDA II  \$78.75 Filit  Certificate	EPARTM ng Fee &	<b>\$</b>	STATE 78.75 Filing For ertified Copy	ee &	<ul> <li>\$87.50 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> </ul>

### 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 c	ONTARIO INC. orporation: must include "INCORPOR	ATED," "COMPA	NY," "CORPORATIO	ON."	
"Inc.," "Co.," "C	orp," "Inc," "Co," or "Corp.")				
(If name unavail	able in Florida, enter alternate corporate	e name adopted for t	he purpose of transact	ting business in Florida	
Canada		2			
(State or counti	y under the law of which it is incorpora	5 sted)	(FEI number, if	applicable)	
November 28	3, 2024	5			
(Date	of incorporation)	(D	ate of duration, if othe	r than perpetual)	_
	(Date first transacted but (SEE SECTIONS 607.1501 &	siness in Florida, if p	orior to registration) determine penalty liab	ility)	_
7901 4th St N. St	e 300, St. Petersburg, Florida, 33702		, ,	•	
		ipal office street add	tress)		_
211-6 Jackes	Avenue, Toronto, ON M4T 0A5, Ca	nada			
211-6 Jackes	Avenue, Toronto, ON M4T 0A5, Ca (Curren	nada t mailing address, if	different)		_
211-6 Jackes a			different)		_
		t mailing address, if		<u> </u>	_
	(Curren	t mailing address, if		\$ <b>2</b>	_
Name and <u>stre</u>	(Curren et address of Florida registered agen	t mailing address, if		2024 D	
Name and stree	(Curren et address of Florida registered agen Northwest Registered Agent LLC 7901 4th St N. Ste 300	it mailing address, if	<u>C</u> acceptable)	2024 DEC -	
Name and <u>stre</u>	(Curren et address of Florida registered agen Northwest Registered Agent LLC 7901 4th St N. Ste 300	t mailing address, if	<u>C</u> acceptable)	2024 DEC -2	
Name and <u>stree</u> Name: office Address:	(Curren et address of Florida registered agen Northwest Registered Agent LLC 7901 4th St N, Ste 300 St. Petersburg (City)	it mailing address, if	<u>C</u> acceptable) ida <u>33702</u>	2024 DEC -2 AMI	
Name and streated Address:  Registered againg been name	(Curren et address of Florida registered agen Northwest Registered Agent LLC 7901 4th St N, Ste 300 St. Petersburg (City) ent's acceptance: aed as registered agent and to accept	it: (P.O. Box <u>NO</u>	$\frac{\Gamma}{a}$ acceptable) ida $\frac{33702}{(Zip code)}$ ss for the above stat	ed corporation at the	e place
Name and street Name:  ffice Address:  Registered againg been names ignated in this	(Curren  et address of Florida registered agen  Northwest Registered Agent LLC  7901 4th St N, Ste 300  St. Petersburg  (City)  ent's acceptance:  ned as registered agent and to accept application, I hereby accept the ap	nt mailing address, if  nt: (P.O. Box <u>NO'</u> , Flor  of service of proce:  opointment as regi	$\frac{\Gamma}{1}$ acceptable) ida $\frac{33702}{1}$ (Zip code) as for the above statestered agent and ag	ed corporation at the ree to act in this cap	place acity.
Name and street Name: ffice Address:  Registered ag aving been nan- esignated in this orther agree to c	(Curren et address of Florida registered agen Northwest Registered Agent LLC 7901 4th St N, Ste 300 St. Petersburg (City) ent's acceptance: aed as registered agent and to accept	nt mailing address, if it: (P.O. Box <u>NO'</u> , Florent service of procession to the item of t	Cacceptable)  ida 33702 (Zip code)  ss for the above statestered agent and agent and complete the complete the complete the complete proper and complete the comp	ed corporation at the ree to act in this cap	place acity.
Name and street Name:  ffice Address:  Registered agaving been names of the street of	(Curren  et address of Florida registered agen  Northwest Registered Agent LLC  7901 4th St N, Ste 300  St. Petersburg  (City)  ent's acceptance:  led as registered agent and to acceptance application, I hereby accept the apomply with the provisions of all sta	nt mailing address, if it: (P.O. Box <u>NO'</u> , Florent service of procession to the item of t	Cacceptable)  ida 33702 (Zip code)  ss for the above statestered agent and agent and complete the complete the complete the complete proper and complete the comp	ed corporation at the ree to act in this cap	place acity.
Name and street Name:  office Address:  Registered age aving been names age to continue to	(Curren  et address of Florida registered agen  Northwest Registered Agent LLC  7901 4th St N, Ste 300  St. Petersburg  (City)  ent's acceptance:  led as registered agent and to acceptance application, I hereby accept the apomply with the provisions of all sta	ot mailing address, if it: (P.O. Box <u>NO'</u> , Flor pointment as reginates relative to the imy position as regi	Cacceptable)  ida 33702 (Zip code)  ss for the above statestered agent and agent and complete the complete the complete the complete proper and complete the comp	ed corporation at the ree to act in this cap	place acity.

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 Name: Robin Howlings □ Chairman Name: ☐ Chairman Address: 211-6 Jackes Avenue, Toronto, ON □Vice Chairman □ Vice Chairman Address: M4T 0A5, Canada Director □ Director President □ President ☐ Vice President ☐ Vice President Secretary Treasurer □ Secretary ☐ Treasurer Other\_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other\_\_\_\_\_ ☐ Chairman Name: Name: \_\_\_\_\_\_ □ Chairman ☐ Vice Chairman Address: Address: ☐ Vice Chairman ☐ Director □ Director ☐ President □ President ☐ Vice President □ Vice President [] Secretary ☐ Treasurer □ Secretary □ Treasurer ☐ Other\_\_\_\_ □Other \_\_\_\_\_ □ Other □Other \_\_\_\_\_ Name: Name: \_\_\_\_\_ ☐ Chairman Chairman. ☐ Vice Chairman Address: □Vice Chairman Address: ☐ Director □Director ☐ President □President \_\_\_\_\_ ☐ Vice President \_\_\_\_\_ □ Vice President ☐ Secretary ☐ Treasurer □ 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/ Robin Howlings 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. Robin Howlings, President

Transaction Number / Numéro de transaction: 48292188 Generated on: November 29, 2024, 11:21 / Généré le: 29 novembre 2024, 11:21



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

### 1001076647 ONTARIO INC.

Corporation Name / Dénomination sociale

### 1001076647

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 November 28, 2024 and has not been dissolved.

est, selon les dossiers électroniques du dossier du ministère des Services au public et aux entreprises, une société constituée, issue d'une fusion ou qui continue d'être exploitée en vertu des lois de la province de l'Ontario.

La société a vu le jour le 28 novembre 2024 et n'a pas été dissoute.

V. Quintarilla W.

Business Corporations Act / Loi sur les sociétés par actions

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

V. (Quinfantla IV)

Director/Registrar



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

V. Quintavilla W. Directeur ou registrateur