

F99000006568

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: _____
(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", 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:

(Name of Person)

8000003076938-16
-12/21/99-01074-001
*****87.50 *****87.50

(Firm/Company)

(Address)

(City/State/Zip)

Should you need to call someone concerning this matter, please call:

(Name of Person)

at (_____) _____
(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$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

3/K 12/21/99

RECEIVED
DIVISION OF CORPORATIONS
99 DEC 21 PM 1:13

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL
99 DEC 21 PM 1:05

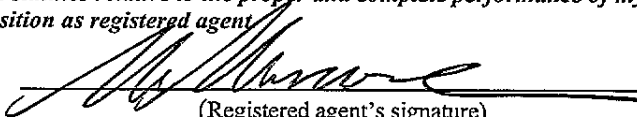
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA

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.

FILED
99 DEC 21 PM 4:15
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

1. 1382275 ONTARIO INC.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. ONTARIO CANADA 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. DECEMBER 3 / 99.5 PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. UPON ~~THE~~ QUALIFICATION
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 48 FIFTH ST
CHATHAM ON CANADA N7M 5K4
(Current mailing address)
8. RETAIL BUSINESS
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name: MARK MOSCONE
Office Address: 11741 METRO PARKWAY
FOOT MYER, Florida, 33910
(Zip code)
10. 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.


(Registered agent's signature)
11. 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.
12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

FILED
SECRETARY OF CORPORATIONS
99 DEC 21 PM 1:15

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: LEN GILES

Address: 48 FIFTH ST

CHATHAM ON. CANADA N7M 5K4

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: AS ABOVE

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. LEN GILES

(Typed or printed name and capacity of person signing application)

Request ID: 002455378
Demande n°:
Transaction ID: 12697345
Transaction n°:
Category ID: CT
Catégorie:

Province of Ontario
Province de l'Ontario
Ministry of Consumer and Commercial Relations
Ministère de la Consommation et du Commerce
Companies Branch
Direction des compagnies

Date Report Produced: 1999/12/07
Document produit le:
Time Report Produced: 09:24:29
Imprimé à:

Certificate of Status Certificat de Statut Documentaire

This is to certify that according to the
records of the companies branch

Je certifie par les présentes que, conformément
aux dossiers de la Direction des compagnies,

1382275 ONTARIO INC.

Ontario Corporation No.

Numéro matricule de la personne morale en Ontario

001382275

is a corporation incorporated,
amalgamated or continued under
the laws of the Province of Ontario.

est constituée, fusionnée ou prorogée en vertu
des lois de la province de l'Ontario.

The corporation came into existence on

La personne morale a été fondée le

DECEMBER 03 DÉCEMBRE, 1999

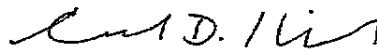
and has not been dissolved.

et n'a pas été dissoute.

Dated

Fait le

DECEMBER 07 DÉCEMBRE, 1999



Director
Directrice

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 DEC 21 PM 1:15

The issuance of this certificate in electronic form is authorized by the Director of Companies Branch.
La délivrance du présent certificat sous forme électronique est autorisée par la Directrice de la Direction des compagnies.