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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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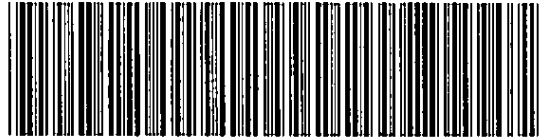
(Business Entity Name)

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S. FRANKLIN

JAN - 6 2023

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TL CRYOCONSULT LTD. LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

MARIE-FRANCE SAGE

Name of Person

TREMBLAY BOIS

Firm/Company

IBERVILLE UN 1195 AV. LAVIGERIE, BUREAU 200

Address

QUEBEC, QUEBEC CANADA G1V 4N3

City/State and Zip Code

MFSAGE@TREMBLAYBOIS.CA

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIE-FRANCE SAGE

418

658-9966

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. TL CRYOCONSULT LTD. LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. CANADA 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 208-379 JOHN STREET NORTH 6. 208-379 JOHN STREET NORTH
(Street Address of Principal Office) (Mailing Address)
ARNPRIOR, ONTARIO ARNPRIOR, ONTARIO
CANADA, K7H 2P8 CANADA, K7H 2P8

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: THOMAS WALTER GARDNER
Office Address: 2100 KINGS HWY, LOT 690
PORT CHARLOTTE 33980
(City) , Florida (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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.

Thomas Walter Gardner
(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input checked="" type="checkbox"/> Manager	Name:	THOMAS WALTER GARDNER		<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:	208-379 JOHN STREET NORTH		<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized		ARNPRIO, ONTARIO		<input type="checkbox"/> Authorized			
Person		CANADA K7H 2P8		Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:			<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:			<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized				<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:			<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:			<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized				<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:			<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:			<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized				<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> 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.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

Thomas Walter Gardner
Signature of an authorized person

THOMAS WALTER GARDNER

Typed or printed name of signer



Certificate of Existence

Canada Business Corporations Act
s. 263.1(1)(c)

Certificat d'existence

Loi canadienne sur les sociétés par actions
art. 263.1(1)

TL CRYOCONSULT LTD.

Corporate name / Dénomination sociale

1442878-1

Corporation number / Numéro de société

I HEREBY CERTIFY that the corporation
named above was in existence under the
Canada Business Corporations Act on 2022-
11-22 (YYYY-MM-DD).

JE CERTIFIE, par la présente, que la société
ci-dessus mentionnée existait en vertu de la
Loi canadienne sur les sociétés par actions
le 2022-11-22 (AAAA-MM-JJ).

Hantz Prosper

Director / Directeur

2022-11-22

Issuance date (YYYY-MM-DD)
Date d'émission (AAAA-MM-JJ)

2022-11-22