

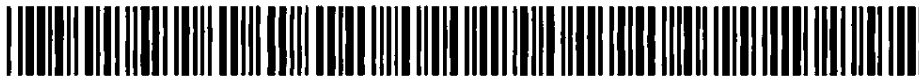
Division of Corporations 4323622 02/05 11/2018 3:48:02 Page of

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
 Fax Number : (850) 617-6381

From: Account Name : CAPITOL SERVICES, INC.
 Account Number : 120160000017
 Phone : (855) 498-5500
 Fax Number : (800) 432-3622

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 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 18 NOV - 8 AM 11: 58

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
CIRCLEFIN (FLORIDA), INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Circlefin (Florida), Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee
 \$78.75 Filing Fee & Certificate of Status.

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: MICHELLE MONDORF
Name (Printed or typed)
135 QUEENS PLATE DRIVE, SUITE 600
Address
TORONTO, ONTARIO M9W 6V7, CANADA
City, State & Zip
416.748.4710
Daytime Telephone number
MMONDORP@LOONIX.COM
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME
The name of the corporation shall be: Ciralefia (Florida), Inc.

ARTICLE II PRINCIPAL OFFICE
Principal street address: 420 AMBASSADOR DRIVE, 2ND FLOOR
Mailing address, if different is: _____
MISSISSAUGA, ONTARIO, L5T 2J3

CANADA

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES
The number of shares of stock is: 250

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>WESLEY BARKER, PRESIDENT</u>	Name and Title:	<u>WESLEY BARKER, DIRECTOR</u>
Address:	<u>55 BEACON HILL DR.</u>	Address:	<u>55 BEACON HILL DR.</u>
	<u>BRAMPTON, ONTARIO L6X 1H7</u>		<u>BRAMPTON, ONTARIO L6X 1H7</u>
	<u>CANADA</u>		<u>CANADA</u>

Name and Title:	<u>NELSON BELCHIOR, SECRETARY</u>	Name and Title:	<u>STEVE MARTINS, TREASURER</u>
Address:	<u>420 AMBASSADOR DRIVE, 2 FL.</u>	Address:	<u>420 AMBASSADOR DRIVE, 2 FL.</u>
	<u>MISSISSAUGA, ONTARIO L5T 2J3</u>		<u>MISSISSAUGA, ONTARIO L5T 2J3</u>
	<u>CANADA</u>		<u>CANADA</u>

Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____
	_____		_____
	_____		_____

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: CAPITOL CORPORATE SERVICES, INC.

Address: 515 E Park Ave Floor 2
TALLAHASSEE FL, 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: WESLEY BARKER

Address: 55 BEACON HILL DR.
BRAMPTON, ON L6X 1H7, CANADA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

<u>Kim Tadlock</u>	Kim Tadlock, Asst. Sec. on behalf of Capitol Corporate Services, Inc.	<u>11/8/2018</u>
_____	Required Signature/Registered Agent	Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

<u>[Signature]</u>	<u>Nov 8 2018</u>
Required Signature/Incorporator	Date