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



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2821 SEP 17 AM 10: 39

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

| ACCOUNT NO. : I2000000195 |
|--|
| REFERENCE : 01-3870 7545742 |
| AUTHORIZATION Spellice man |
| COST LIMIT : \$ 70.00 |
| ORDER DATE : September 17, 2021 |
| ORDER TIME : 2:04 PM |
| ORDER NO. : 013870-005 |
| CUSTOMER NO: 7545742 |
| DOMESTIC FILING NAME: EQUI-GO CORP. |
| EFFECTIVE DATE: |
| XX ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: |
| CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING |
| CONTACT PERSON: Eyliena Baker - EXT. |
| EXAMINER'S INITIALS: |

COVER LETTER

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

| SUBJECT: Équi-G | o Corp. | | |
|-------------------------|--|---------------------------------------|-------------------------|
| SUBJECT. | (PROPOSED CORPORA | ATE NAMÉ – <u>MUST INCL</u> | UDE SUFFIX) |
| Enclosed are an orig | ginal and one (1) copy of the art | ticles of incorporation and | la check for: |
| □ \$70.00 Filing Fee | ☐ \$78.75 Filing Fee & Certificate of Status | □ \$78.75 Filing Fee & Certified Copy | & Certificate of Status |
| | | ADDITIONAL CO | PY REQUIRED |
| FROM: | itlin Delaney Nam | e (Printed or typed) | |
| 10 | East 40th Street, Suite 3310 | | |
| | | Address | <u> </u> |
| Nev | w York, NY 10016 | | |
| | City | . State & Zip | |
| 212 | 2-687-1155 | | |
| | Daytime 1 | elephone number | |
| CD | ELANEY@NILSONLAW.COM | | |
| | E-mail address: (to be use | d for future annual report r | otification) |

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 corporat | ion shall be: Équi-Go Corp. | | |
|---|--|-----------------|---|
| ARTICLE II PRINC 468 Desjardins Sud | | Mailing a | address, if different is: |
| Canada | | | |
| ARTICLE III PURPO The purpose for which the | DSE the corporation is organized is: | | |
| | | | |
| | | | 2681 SI SECTO 1-AL |
| ARTICLE IV SHARI The number of shares of | <u>ES</u> stock is: | | 20/1 SEP 17 AM 10: 39 SECRETARY OF STAT TALLAHASSEE, FL |
| ARTICLE V INITLA Name and Title | | Name and Title: | ATE |
| Address | 1908 Chemin de Roxton Saint-Valérien-de-Milton, QC J0H 2B0 | Address: | |
| | Canada | | |
| Name and Title. | 468 Deciarding Sud | | |
| Address | Granby, Québec J2G 7K7 | Address. | - |
| | Canada | | |
| Name and Title: | Emily Ayoob, Secretary | Name and Title: | |
| Address | 10 East 40th Street, Suite 3310 New York, NY 10016 | Address: | |
| | | | |

| Name a | nd Title: | Name and Title: |
|---|---|---|
| Addres | ss | Address: |
| | | |
| | | |
| | | |
| | REGISTERED AGENT Florida street address (P.O. Box NOT acceptable | A of the registered agent is: |
| Name: | Corporation Service Company | for the registered agent is. |
| Address: | 1201 Hays Street | |
| Address. | Tallahassee, FL 32301 | |
| | | |
| ARTICLE VII | INCORPORATOR | |
| The name and a | address of the Incorporator is: | |
| Name: | Caitlin Delaney | |
| Address: | 10 East 40th Street, Suite 3310 | <u> </u> |
| | New York, NY 10016 | |
| | 222220001/2 0 . 012 | |
| <i>ARTICLE VIII</i> | EFFECTIVE DATE: f other than the date of filing: | (OPTIONAL) |
| Effective date, i | date is listed, the date must be specific and car | nnot be more than five days prior or 90 days after the |
| Effective date, i | • | |
| Effective date, i (If an effective filing.) | · | ble statutory filing requirements, this date will not be list |
| Effective date, i (If an effective filing.) Note: If the dat | · | |
| Effective date, i (If an effective filing.) Note: If the dat the document's Having been nat | e inserted in this block does not meet the applica effective date on the Department of State's recormed as registered agent to accept service of proces familiar with and accept the appointment as regis | ds. ss for the above stated corporation at the place designated |
| Effective date, i (If an effective filing.) Note: If the dat the document's Having been nat | e inserted in this block does not meet the applica effective date on the Department of State's recormed as registered agent to accept service of proces familiar with and accept the appointment as regis | ds. ss for the above stated corporation at the place designated stered agent and agree to act in this capacity |
| Effective date, i (If an effective filing.) Note: If the dat the document's Having been nat | e inserted in this block does not meet the applica effective date on the Department of State's recormed as registered agent to accept service of proces | ds. ss for the above stated corporation at the place designated |
| Effective date, i (If an effective filing.) Note: If the dat the document's Having been na- certificate, I am | e inserted in this block does not meet the applica effective date on the Department of State's record med as registered agent to accept service of process familiar with and accept the appointment as registered with a second view of the second second second second and affirm that the facts stated herein a | ds. ss for the above stated corporation at the place designated stered agent and agree to act in this capacity 09/17/2021 Date are true. I am aware that the false information submitte |
| Effective date, i (If an effective filing.) Note: If the dat the document's Having been na- certificate, I am I submit this da | e inserted in this block does not meet the applica effective date on the Department of State's record med as registered agent to accept service of process familiar with and accept the appointment as registered. Assistant Vice President Required Signature/Registered Agent | ss for the above stated corporation at the place designated stered agent and agree to act in this capacity 09/17/2021 Date are true. I am aware that the false information submittee |