

F24000003373

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

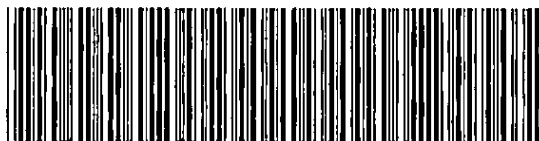
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE OF TEXAS
CLERK OF COURT

T. LEMMON
JUN 21 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Workrite Ergonomics Canada, Inc.

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," or "Certificate of Good Standing" 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:

Donna Bobalek

Name of Person

Workrite Ergonomics Canada, Inc.

Firm/Company

950 Warden Avenue

Address

Toronto, Ontario Canada M1L 4E3

City/State and Zip code

dhobalek@workriteergo.com

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

For further information concerning this matter, please call:

Donna Bobalek

at (571) 565-5077

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

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

☐ \$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

**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.*

1. Workrite Ergonomics Canada, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- Workrite Canada
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Canada, British Columbia 3. 98-1318097
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. March 28, 2016 5. n/a
(Date of incorporation) (Date of duration, if other than perpetual)
6. n/a
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 950 Warden Avenue, Toronto, Ontario, M1L 4E3 Canada
(Principal office street address)
- 950 Warden Avenue, Toronto, Ontario, M1L 4E3 Canada
(Current mailing address, if different)

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

Name: C T Corporation System

Office Address: 1200 S Pine Island Road #250

Plantation, Florida 33324
(City) (Zip code)

9. 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.



Stephanie Picco (Registered agent's signature) Assistant Secretary

10. 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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

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STATE

A. DIRECTORS

☐Chairman Name: John Montigny
☐Vice Chairman Address: _____
☒Director 950 Warden Avenue
☐President Toronto, Ontario M1L 4E3 Canada
☐Vice President _____
☐Secretary ☐Treasurer
☒Other CEO ☐Other _____

☐Chairman Name: Jon Hamilton
☐Vice Chairman Address: _____
☒Director 950 Warden Avenue
☐President Toronto, Ontario M1L 4E3 Canada
☐Vice President _____
☐Secretary ☐Treasurer
☐Other _____ ☐Other _____

☐Chairman Name: Peter Bezuidenhout
☐Vice Chairman Address: _____
☒Director 950 Warden Avenue
☐President Toronto, Ontario M1L 4E3 Canada
☐Vice President _____
☐Secretary ☐Treasurer
☒Other CFO ☐Other _____

☐Chairman Name: Laurence Prange
☐Vice Chairman Address: _____
☒Director 2700 Oak Industrial Drive NE
☐President Grand Rapids, MI 49505
☐Vice President _____
☒Secretary ☐Treasurer
☐Other _____ ☐Other _____

☐Chairman Name: _____
☐Vice Chairman Address: _____
☐Director _____
☐President _____
☐Vice President _____
☐Secretary ☐Treasurer
☐Other _____ ☐Other _____

☐Chairman Name: _____
☐Vice Chairman Address: _____
☐Director _____
☐President _____
☐Vice President _____
☐Secretary ☐Treasurer
☐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. 
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. Laurence Prange, Secretary
(Typed or printed name and capacity of person signing application)

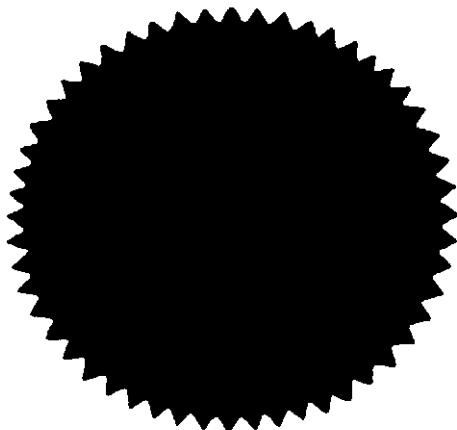


Number: **BC1069899**

CERTIFICATE OF GOOD STANDING

BUSINESS CORPORATIONS ACT

I Hereby Certify that, according to the corporate register maintained by me, **WORKRITE ERGONOMICS CANADA, INC.** was incorporated as a company under the laws of the Province of British Columbia, is a valid and existing company and is, with respect to the filing of annual reports, in good standing.



*Issued under my hand at Victoria, British Columbia
On January 31, 2024*

T.K. SPARKS
Registrar of Companies
Province of British Columbia
Canada

ELECTRONIC CERTIFICATE



BC Registry
Services

Mailing Address:
PO Box 9431 Stn Prov Govt
Victoria BC V8W 9V3
www.corporateonline.gov.bc.ca

Location:
2nd Floor - 940 Blanshard Street
Victoria BC
1 877 526-1526

Cover Sheet

WORKRITE ERGONOMICS CANADA, INC.

Confirmation of Service

Request Type: Certificate of Good Standing
Date and Time of Request: January 31, 2024 07:28 AM Pacific Time
Name of Company: WORKRITE ERGONOMICS CANADA, INC.
Incorporation Number: BC1069899

This package contains:

- Certificate of Good Standing
-

Check your documents carefully to ensure there are no errors or omissions. If errors or omissions are discovered, please contact the Corporate Registry for instructions on how to correct the errors or omissions.