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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)617-6383

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

FILED
Jan 24, 2025 08:00 AM
Secretary of State

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

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION
2340237 ONTARIO INC.

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 05 |
| Estimated Charge | \$78.75 |

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 2340237 ONTARIO 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:

ADAM BURT

Name of Person

LOOPSTRA NIXON LLP

Firm/Company

135 QUEENS PLATE DRIVE, SUITE 600

Address

TORONTO, ONTARIO, M9W 6V7

City/State and Zip code

CORPORATESERVICES@LOONIX.COM

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

For further information concerning this matter, please call:

ADAM BURT

at (416) 748-5122

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

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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

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*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. 2340237 ONTARIO INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. ONTARIO, CANADA 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. AUGUST 27, 2012 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 9040 TOWN CENTER PKWY, LAKEWOOD RANCH, FLORIDA, 34202
(Principal office street address)
- 12 THOROUGHbred DRIVE, COLDWATER, ONTARIO, L0K 1E0
(Current mailing address, if different)

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


Name: Capitol Corporate Services, Inc.

Office Address: 15 East Park Avenue 2nd Fl
Tallahassee, Florida 32301
(City) (Zip code)

FILED
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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.


(Registered agent's signature)

Amanda Contreras, Asst. Secretary on
behalf of Capitol Corporate Services, Inc.

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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A. DIRECTORS

☐ Chairman Name: DEBORAH SHAWN BROWN

☐ Vice Chairman Address: 12 THOROUGHbred DRIVE

☒ Director COLDWATER, ONTARIO

☒ President LOK 1E0

☐ 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 _____

☐ Chairman Name: DENNIS BROWN

☐ Vice Chairman Address: 12 THOROUGHbred DRIVE

☐ Director COLDWATER, ONTARIO

☐ President LOK 1E0

☐ 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 _____

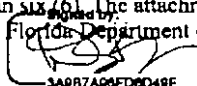
☐ President _____

☐ 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. DEBORAH SHAWN BROWN
(Typed or printed name and capacity of person signing application)

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Transaction Number / Numéro de transaction: APP-A10681106210
Generated on: January 21, 2025, 09:30 / Généré le: 21 Janvier 2025, 09:30



Ministry of Public and
Business Service Delivery
Ministère des Services au public et
aux entreprises

Certificate of Status

Attestation du statut juridique

Business Corporations Act

Loi sur les sociétés par actions

This is to certify that

La présente vise à attester que

2340237 ONTARIO INC.

Corporation Name / Dénomination sociale

2340237

Ontario Corporation Number / Numéro de société de l'Ontario

is a corporation incorporated, amalgamated or continued
under the laws of the Province of Ontario according to the
electronic records maintained by the Ministry of Public and
Business Service Delivery.

est, selon les dossiers électroniques du dossier du ministère
des Services au public et aux entreprises, une société
constituée, issue d'une fusion ou qui continue d'être
exploitée en vertu des lois de la province de l'Ontario.

The corporation came into existence on August 27, 2012
and has not been dissolved.

La société a vu le jour le 27 août 2012
et n'a pas été dissoute.

V. Quintanilla W.

Director / Directeur
Business Corporations Act / Loi sur les sociétés par actions

Certified a true copy of the record of the
Ministry of Public and Business Service Delivery.

V. Quintanilla W.

Director/Registrar



Copie certifiée conforme du dossier du
ministère des Services au public et aux
entreprises.

V. Quintanilla W.

Directeur ou registrateur

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