# F75000000710

(Requestor's Name)
(Address)
( variety)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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FLORIDA CAPITAL COURIER SERVICES. INC 2330 CLARE DRIVE TALLAHASSEE. FL 32309 (850) 524-54372 (850) 524-6243

1,

Please use funds from the account Authorization Signature	120210000160: \$70.00. SEE ATTACHED
TSATAS FLORIDA PROPERTIES IN	
Business	#Document
Walk in	Will wait
Certified Copies of articles Certificate of Status	
<u>NEW FILINGS</u>	<u>AMENDMENTS</u>
Profit Not for Profit LLC Domestication _ X INC CORP OTHER	AmendmentResignation of R.AChange of Registered AgentRevocation of DissolutionConversionStatement of AuthorityMergerRestated Articles
OTHER FILINGS	REGISTRATION/QUALIFICATIONS
TRANSMITTAL LETTER	Foreign Filing Partnership
Fictitious Name	Reinstatement
Statement of Authority	Statement of CORRECTION Domestication of a Foreign Corp.
APOSTIL	
COUNTRY	Other
EXAMINER'S INITIALS:	

#### **COVER LETTER**

TO:		tration Secti on of Corpo						
SUBJ	ECT:	TSATAS FL	ORIDA PROPE	ERTIES INC.				
			Name	of corporation	n - must	include suffix		
Dear S	Sir or M	adam:						
"Certi	ficate of	Existence,"		of Good Sta	ınding" a	ization to Transa nd check are sub orida.		
Please	return :	ıll correspor	dence concern	ing this matte	er to the	following:		
AMAN	NDA H.	BENDER, ES	iQ.					
		. <del>.</del>		Name o	f Person			
STEIN	, BEND	ER & BROO	KLAND					
				Firm/Co	mpany			· <u></u>
1820 N	E 163 S	TREET, SUI	TE#100					
		•		Add	ress			
N. MIZ	AMI BE	ACH, FL 331	62					
		,		City/State	and Zip	code		
DOCS	ERVICE	@SBBLAW	GROUP.COM					
			E-mail address	s: (to be used	for futu	re annual report	notification)	
For fu	rther inf	ormation co	ncerning this n	natter, please	call:			
AMAN	SDA H. I	BENDER, ES	Q.	786	248	-1000 (EXT. 12)		
	Name	of Person		Area Co	de	Daytime Telep	hone Number	
	Regis Divisi The C 2415	tration Section on of Corpo entre of Tall	rations ahassee treet, Suite 810			MAILING A Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	
Please		eck payable to	e following amore FLORIDA D  S78.75 Filit Certificate of	EPARTMEN ig Fee &	□ \$78.7	ATE 5 Filing Fee & ied Copy	Certific	Filing Fee, cate of Status & ed Copy

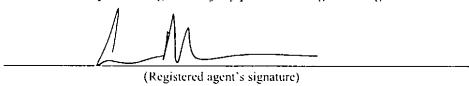
### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

l	RIDA PROPERTIES INC.			
(Enter name of c	corporation; must include "INCORPORATEI Corp," "Inc," "Co," or "Corp.")	D,** **CC	MPANY," "CORPORATION,"	
(If name unavail	able in Florida, enter alternate corporate nam	ne adopte	rd for the purpose of transacting bus	iness in Florida)
CANADA	<del>.</del>	3.		
(State or countr	ry under the law of which it is incorporated)		(FEI number, if applicat	ole)
JUNE 20, 2024	5	5.		
(Date	e of incorporation)		(Date of duration, if other than p	erpetual)
61 TORLAKE C	(Date first transacted business (SEE SECTIONS 607,1501 & 607, RESCENT, ETOBICOKE, ONTARIO, M8Z	.1502, F.		
	(Principal o	ffice <u>str</u>	eet address)	
	(Current mail	ling addi	ress, if different)	
. Name and stree	et address of Florida registered agent: (P	O. Box	NOT acceptable)	FEB
Name:	AMANDA H. BENDER, ESQ.			ا ا
Office Address:	1820 NE 163 STREET, SUITE #100	<del></del>		4H 10: 40
	N. MIAMI BEACH		. Florida 33162	£ .
	(City)		(Zip code)	G

#### 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.



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.

#### A. DIRECTORS Name: \_\_\_ EFSTATHIOS TSATAS ☐ Chairman □Chairman Name: 61 TORLAKE CRESCENT □Vice Chairman Address: ☐ Vice Chairman Address: ETOBICOKE, ONTARIO, M8Z1B4 ■ Director □Director CANADA President □President ☐ Vice President □Vice President □ Secretary □Treasurer ☐ Secretary □Treasurer □ Other \_\_\_\_\_ Other \_\_\_\_\_ □Other \_\_\_\_\_ Name: OLGA TSATAS ☐ Chairman □Chairman Name: 61 TORLAKE CRESCENT Address: ☐ Vice Chairman □Vice Chairman Address: ETOBICOKE, ONTARIO, M8Z1B4 Director □ Director CANADA □President □President □Vice President \_\_\_\_\_ ☐ Vice President ■ Secretary **≡**Treasurer ☐ Secretary ☐Treasurer □Other \_\_\_\_ []Other \_\_\_\_\_ □Other \_\_\_\_\_ []Other \_\_\_\_\_ □ Chairman Name: \_\_\_\_\_ □Chairman Name: \_\_\_\_\_ □Vice Chairman Address: Address: □ Vice Chairman □ Director □ Director □President □President □Vice President \_\_\_\_\_ ☐ Vice President

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.

☐ Secretary

□ Other \_\_\_\_\_

□ Treasurer

□Other

#### (5) EFSTATHIOS TSATAS

□Other \_\_\_\_

□ Secretary

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.

EFSTATHIOS TSATAS

☐ Treasurer

□Other \_\_\_\_\_



. . . . .

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

#### TSATAS FLORIDA PROPERTIES INC.

Corporation Name / Dénomination sociale

#### 1000930167

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.

The corporation came into existence on June 20, 2024 and has not been dissolved.

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.

La société a vu le jour le 20 juin 2024 et n'a pas été dissoute.

V. Quintarilla W.

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. Quintarial La W

Director/Registrar



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

V. Quintarillo W. Directeur ou registrateur