

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

Office Use Only



Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

| ENTITY NAME Aver | ntix USA, Inc. | |
|--|--|--------------|
| DOCUMENT NUMB. | ER | |
| | **PLEASE FILE THE ATTACHED AND RETURN** | 2025 3 |
| | Plain Copy | |
| xxxxxxxx | Certified Copy | |
| | Certificate of Status | φ. |
| | Certified Copy of Arts & Amendments Complete File (Inclading Ann Certificate of Status Certificate of Status Reflecting: | ual Reports) |
| | | |
| | **APOSTILLE' / NOTARIAL CERTIFICATION** | |
| COUNTRY OF DESTI | , , , , , , , , , , , , , , , , , , , | |
| COUNTRY OF DESTII NUMBER OF CERTIFI | NATION | |

COVER LETTER

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

| SUBJECT: A | ventix USA, Inc. | | |
|----------------------|------------------------------------|------------------------------|---|
| | (PROPOSED CORPOR.) | TE NAME – <u>MUST INCL</u> | <u>UDE SUFFIX</u>) |
| | | | 1 1 1 e S |
| Enclosed are an orig | ginal and one (1) copy of the art | icles of incorporation and | a check for: |
| □ \$70.00 | □ \$78.75 | □ \$78.75 | □ \$87.50 · · · |
| Filing Fee | Filing Fee & Certificate of Status | Filing Fee & Certified Copy | Filing Fee, Certified Copy Lack Certificate of Status |
| | · | ADDITIONAL CO | |
| | | <u> </u> | |
| FROM: | | e (Printed or typed) | |
| | Barclay Damon LLP, 200 Dela | | |
| | | Address | |
| | Buffalo, New York 14202 | , State & Zip | |
| | City. | , with an mile | |
| | (716) 858-3832 | | |
| | Daytime 7 | Telephone number | |
| | l.oh@ayentix.ca | | |
| | | d for future annual report i | 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)

| LE II PRI | NCIPAL OFFICE | | |
|---|--|---|---|
| <u> </u> | Principal street address | | Mailing address, if different is: |
| O Mainway | o L7L 5R7 | • | |
| <u>iington Ontario</u> ida | 5 L/L 3R/ | | |
| | | | |
| ICLE III PUR | RPOSE | | |
| ourpose for which | th the corporation is organized is: any and | all lawful busin | ess |
| | | | 2025 |
| | ,, | | 1.5 |
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| <u> </u> | | | |
| | ARES s of stock is: 5,000 TIAL OFFICERS AND/OR DIRECTORS | | |
| umber of shares | s of stock is: 5,000 | or Name and T | itle: <u>Joyce Mendel-Bellavia, Secretary</u> |
| umber of shares | s of stock is: 5,000 TIAL OFFICERS AND/OR DIRECTORS | or Name and T Address: | itle: <u>Joyce Mendel-Bellavia, Secretary</u> 4350 Mainway |
| number of shares ICLE V INT Name and T | of stock is: 5,000 TIAL OFFICERS AND/OR DIRECTORS Title: Vincent Bellavia, President, Director | | |
| number of shares ICLE V INT Name and T | TIAL OFFICERS AND/OR DIRECTORS Title: Vincent Bellavia, President, Directors 4350 Mainway | | 4350 Mainway |
| number of shares ICLE V INT Name and T | TIAL OFFICERS AND/OR DIRECTORS Title: Vincent Bellavia, President, Director 4350 Mainway Burlington Ontario L7L 5R7 | | 4350 Mainway Burlington Ontario L7L 5R7 |
| number of shares ICLE V INF Name and T Address | TIAL OFFICERS AND/OR DIRECTORS Title: Vincent Bellavia, President, Director 4350 Mainway Burlington Ontario L7L 5R7 | Address: | 4350 Mainway Burlington Ontario L7L 5R7 Canada |
| number of shares ICLE V INF Name and T Address | TIAL OFFICERS AND/OR DIRECTORS Title: Vincent Bellavia, President, Director 4350 Mainway Burlington Ontario L7L 5R7 Canada | Address: Name and T | 4350 Mainway Burlington Ontario L7L 5R7 Canada |
| Name and T | TIAL OFFICERS AND/OR DIRECTORS Fitle: Vincent Bellavia, President, Director 4350 Mainway Burlington Ontario L7L 5R7 Canada fitle: Luigi Bellavia, Treasurer | Address: Name and T Address: | 4350 Mainway Burlington Ontario L7L 5R7 Canada itle: Cameron Bellavia, Treasurer |
| Name and T | TIAL OFFICERS AND/OR DIRECTORS Title: Vincent Bellavia, President, Director 4350 Mainway Burlington Ontario L7L 5R7 Canada title: Luigi Bellavia, Treasurer 4350 Mainway Burlington Ontario L7L 5R7 | Address: Name and T Address: | 4350 Mainway Burlington Ontario L7L 5R7 Canada itle: Cameron Bellayia, Treasurer 4350 Mainway Burlington Ontario L7L 5R7 |
| Name and T | TIAL OFFICERS AND/OR DIRECTORS Title: Vincent Bellavia, President, Director 4350 Mainway Burlington Ontario L7L 5R7 Canada title: Luigi Bellavia, Treasurer 4350 Mainway | Address: Name and T Address: | 4350 Mainway Burlington Ontario L7L 5R7 Canada itle: Cameron Bellavia, Treasurer 4350 Mainway |
| Name and T Address | TIAL OFFICERS AND/OR DIRECTORS Title: Vincent Bellavia, President, Director 4350 Mainway Burlington Ontario L7L 5R7 Canada title: Luigi Bellavia, Treasurer 4350 Mainway Burlington Ontario L7L 5R7 | Address: Name and T Address: | 4350 Mainway Burlington Ontario L7L 5R7 Canada itle: Cameron Bellavia, Treasurer 4350 Mainway Burlington Ontario L7L 5R7 Canada |
| Name and T Address | TIAL OFFICERS AND/OR DIRECTORS Title: Vincent Bellavia, President, Director 4350 Mainway Burlington Ontario L7L 5R7 Canada title: Luigi Bellavia, Treasurer 4350 Mainway Burlington Ontario L7L 5R7 Canada | Address: Name and T Address: Name and T | 4350 Mainway Burlington Ontario L7L 5R7 Canada itle: Cameron Bellavia, Treasurer 4350 Mainway Burlington Ontario L7L 5R7 Canada |

| Name an | nd Title: | Name and Title: |
|----------------------|---|--|
| Address | s | Address: |
| | | <u> </u> |
| | | |
| | | |
| | REGISTERED AGENT | star of the registered agent in |
| | lorida street address (P.O. Box NOT acceptab | ne) of the registered agent is. |
| Name: | United Corporate Services, Inc. | |
| Address: | 3458 Lakeshore Drive | 2025. |
| | Tallahassee, FL 32312 | G. Carlotte and Car |
| | | |
| RTICLE VII | INCORPORATOR | . 3 |
| | | |
| he <u>name and a</u> | ddress of the Incorporator is: | . . |
| Name: | Andrew D. Oppenheimer | :: 57 |
| Address: | Barclay Damon LLP 200 Delaware Ave Ste 1200 | |
| Address. | | |
| | Buffalo, NY 14202 | |
| OTICLE VIII | EFFECTIVE DATE: | |
| ffective date, if | f other than the date of filing: | (OPTIONAL) |
| f an effective (| date is listed, the date must be specific and o | cannot be more than five days prior or 90 days after the |
| iling.) | | |
| | e inserted in this block does not meet the appli effective date on the Department of State's rec | cable statutory filing requirements, this date will not be listed as |
| ie document s | effective date on the Department of State & rec | ords. |
| laving been nar | med as registered agent to accept service of pro- | cess for the above stated corporation at the place designated in this |
| ertificate, I am | familiar with and accept the appointment as re | gistered agent and agree to act in this capacity |
| Michael | A. Barr | 1/2/2025 |
| | Required Signature/Registered Agen | |
| submit this do. | cument and affirm that the facts stated hereis | n are true. I am aware that the false information submitted in a |
| ocument to the | Department of State constitutes a third degree | felony as provided for in s.817.155, F.S. |
| | | D |
| Andrew D. Op | tantaina | December 31, 2024 |