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(((H21000432963 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

1021 NO¥ 30

Account Name : INCORP SERVICES INC

Account Number: I20120000007

Phone

: (702)866-2500

Fax Number : (702)900-2290

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

Email Address: documents@incorp.com

FOREIGN PROFIT/NONPROFIT CORPORATION

Alt 5 Sigma Canada Inc.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

S. ROBERTS

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COVER LETTER

TO: Registration S Division of Co					
SUBJECT: Alt 5 S	Sigma Canada Inc.				
5655ECT:	Name of corpo	ration - must	include suffix		
Dear Sir or Madam:		,			
"Certificate of Existen	ation by Foreign Corporation ace," or "Certificate of Good ign corporation to transact t	d Standing" a	nd check are submitte	siness in Florida," d to register the	
Please return all corre	spondence concerning this	matter to the f	ollowing:		
	Hea	ther Glenn			
	Na	ne of Person			
	InCorp	Services, In	c.		
	Firm	n/Company			
	3773 Howard Hughes Pkwy. Suite 500S				
		Address			
	Las Vegas	s, NV 89169-	6014		
	City/S	State and Zip	code		
	docume	nts@incorp.c	om		
	E-mail address: (to be	used for futur	e annual report notifi	cation)	
For further information	n concerning this matter, pl	lease call:			
Heather Glenn on behalf of	InCorp Services, Inc.		800-246-2677		
Name of Pers		a Code	Daytime Telephone	Number	
Registration S Division of C The Centre of	orporations Tallahassee roe Street, Suite 810	·	MAILING ADDR Registration Section Division of Corpor P.O. Box 6327 Tallahassee, FL 33	on rations	
Enclosed is a check for Please make check pays \$70.00 Filing Fee	or the following amount: ble to: FLORIDA DEPARTI \$78.75 Filing Fee & Certificate of Status	k 🗀 \$78.7		\$87.50 Filing Fee, Certificate of Status & Certified Copy	

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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.

` .		ne adopted for the purpose of transacting bu 3	
	under the law of which it is incorporated)	(FBI number, if applica	able)
09/03/2013		5(Date of duration, if other than	
	of incorporation)	(Date of duration, if other than	perpetual)
Upon Filing			
		s in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability)	
17075 LESLIE	STREET, NEWMARKET, ON L3Y	8E1	
	(Principal c	office street address)	
	(Current ma	iling address, if different)	787
			021 NOV 30
Name and stree	t address of Florida registered agent: (I	P.O. Box <u>NOT</u> acceptable)	- Σ
Name:	InCorp Services, Inc.		
ratiic.	17888 67th Court North		PHI2: 2
fice Address:			<u></u>
	Loxahatchee	, Florida (Zip code)	2 <u>-</u> 2
	(City)	(Zip code)	
	• • •		
Doglatawad agg	antin accontants		
Registered ago	ent's acceptance: ed as registered agent and to accept se	rvice of process for the above stated co	rporation at the place
ving been nam	ed as registered agent and to accept se	rvice of process for the above stated co ntment as registered agent and agree to	rporation at the place of act in this capacity

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: Andre Beauchesne	■ Chairman	Name: Richard T. Groome
☐Vice Chairman	Address: 17075 LESLIE STREET	□Vice Chairman	Address: 17075 LESLIE STREET
Director	NEWMARKET, ON L3Y 8E1	□Director	NEWMARKET, ON L3Y 8E1
■ President	<u> </u>	□President	
□Vice President		□Vice President	
□Secretary	□Treasurer	□ Secretary	☐ Treasurer
Other	Other	Other	Other
□ Chairman	Name:	□ Chairman	Name:
□Vice Chairman	Address: 17075 LESLIE STREET	☐ Yice Chairman	Address:
□ Director	NEWMARKET, ON L3Y 8E1	□ Director	
President		□ President	
		□Vice President	
□Secretary	□Treasurer	□Secretary	□Treasw er
■Other CFO	Other	□Other	Other
□ Cha irman	Name:	□Chairman	Name:
	Address:		Address:
_		Director	
Director		□ President	
President		□ Vice President	
	☐ Treasurer	□ Secretary	☐ Treasurer
□ Secretary		□Other	— · · · · · · · · · · · · · · · · · · ·
Other		WV4501	
Important Notice:	Use an attachment to report more than six (6). The attended to the index when filing your Florida Department.	achment will be image nent of State Annual R	ed for reporting purposes only. Non-indexed eport form.
12. Lu	News		
	_		
The officer or dire	ector signing this document (and who is listed in numb	er 11 above) affirms t	hat the facts stated herein are true and that he or

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 of she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in 5.817.155, F.S.

13. Bruno Dumais, Chief Financial Officer

(Typed or printed name and capacity of person signing application)

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Innovation, Science and Economic Development Canada

Innovation, Sciences et Développement économique Canada Committee Consts

Certificate of Compliance

Certificat de conformité

Canada Business Corporations Act s, 263.1

Loi canadienne sur les sociétés par actions art. 263.1

Alt 5 Sigma Canada Inc.

Corporate name / Dénomination sociale

862375-9

Corporation number / Numéro de société

I HEREBY CERTIFY that the corporation named above:

- exists under the Canada Business Corporations Act;
- · has filed the required annual returns; and
- · has paid all prescribed fees required.

JE CERTIFIE, par la présente, que la société cidessus mentionnée :

- existe en vertu de la Loi canadienne sur les sociétés par actions;
- a déposé les rapports annuels exigés; et
- · a acquitté les droits prescrits.



Isabelle Foley

Deputy Director / Directeur adjoint

2021-09-27

Issuance date (YYYY-MM-DD)

Date d'émission (AAAA-MM-JJ)