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Division of Corporations
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 : INCORP SERVICES INC
Account Number : I20120000007
Phone : (702)856-2500
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

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TALLAHASSEE, FL

FOREIGN PROFIT/NONPROFIT CORPORATION
Descon Conveyor Systems & Consultants Inc.

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

2022 JAN 12 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FL

Electronic Filing Menu Corporate Filing Menu Help

S. ROBERTS

JAN 12 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Descon Conveyor Systems & Consultants 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:

Jaycie Howard on behalf of InCorp Services, Inc.

Name of Person
InCorp Services, Inc.

Firm/Company
3773 Howard Hughes Parkway, Suite 500S

Address
Las Vegas, Nevada 89169-6014

City/State and Zip code
documents@incorp.com

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

For further information concerning this matter, please call:

Jaycie Howard on behalf of InCorp Services, Inc. at

702-866-2500

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. Descon Conveyor Systems & Consultants 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. Canada 3. _____
 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. June 22, 1993 5. _____
 (Date of incorporation) (Date of duration, if other than perpetual)

6. Upon Registration
 (Date first transacted business in Florida, if prior to registration)
 (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1-1274 Ringwell Drive, Newmarket, ON L3Y9C7
 (Principal office street address)

 (Current mailing address, if different)

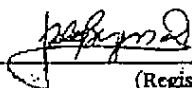
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: InCorp Services, Inc.

Office Address: 17888 67th Court North
Loxahatchee, Florida 33470
 (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.


 _____ Isabel Burgos on behalf of InCorp Services, Inc.
 (Registered agent's signature)

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: David Farquhar

Vice Chairman Address: _____

Director 148 Landry Lane

President Thornbury, ON N0H 2P0

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: Geoffrey Oliff

Vice Chairman Address: _____

Director 170 Bayview Ave., Ste #2901

President Toronto, ON M5A 0M4

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: _____

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

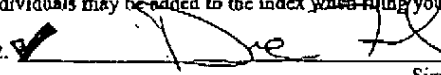
President _____

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. David Farquhar, President
(Typed or printed name and capacity of person signing application)

Transaction Number / Numéro de transaction: APP-351395600142
Generated on: January 04, 2022, 10:45 / Généré le: 04 janvier 2022, 10:45



Ministry of Government and
Consumer Services
Ministère des Services gouvernementaux et
des Services aux consommateurs

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

DESCON CONVEYOR SYSTEMS & CONSULTANTS INC.

Corporation Name / Dénomination sociale

1034106

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
Government and Consumer Services.

est une société constituée en personne morale, fusionnée
ou maintenue conformément aux lois de la province de
l'Ontario, selon les dossiers électroniques tenus par le
ministère des Services gouvernementaux et des Services
aux consommateurs.

The corporation came into existence on June 22, 1993
and has not been dissolved.

La société a vu le jour le 22 juin 1993
et n'a pas été dissoute.

Director / Directeur

Business Corporations Act / Loi sur les sociétés par actions

Certified a true copy of the record of the
Ministry of Government and Consumer Services.

Director/Registrar



Copie certifiée conforme du dossier du
ministère des Services gouvernementaux et des
Services aux consommateurs.

Directeur ou registrateur