



INCORPORATION APPLICATION

BUSINESS CORPORATIONS ACT, section 10

Telephone: 1 877 526-1526 Mailing Address: PO Box 9431 Stn Prov Govt Courier Address: 200 – 940 Blanshard Street Victoria BC V8W 9V3 Victoria BC V8W 3E6

DO NOT MAIL THIS FORM to BC Registry Services unless you are instructed to do so by registry staff. The Regulation under the *Business Corporations Act* requires the electronic version of this form to be filed on the Internet at www.corporateonline.gov.bc.ca

Freedom of Information and Protection of Privacy Act (FOIPPA):
Personal information provided on this form is collected, used and disclosed under the authority of the FOIPPA and the Business Corporations Act for the purposes of assessment. Questions regarding the collection, use and disclosure of personal information can be directed to the Manager of Registries Operations at 1 877 526-1526, PO Box 9431 Stn Prov Govt, Victoria BC V8W 9V3.

NAME OF COMPANY - Choose one of the following:			
The name			is the name
reserved for the company to be incorporated. The name res	ervation number is		, OR
The company is to be incorporated with a name created by a	idding "B.C. Ltd." after t	he incorporation	n number of
the company.	· ·	·	
NCORPORATION EFFECTIVE DATE - Choose one of the following	:		
The incorporation is to take effect at the time that this applic	ation is filed with the re	gistrar.	
	YYYY / MM / D)D	
The incorporation is to take effect at 12:01a.m. Pacific Time	on		
being a date that is not more than ten days after the date of	the filing of this applica	tion.	
		YYYY	/ MM / DD
The incorporation is to take effect at a.m. or			
being a date and time that is not more than ten days after th	e date of the filing of the	is application.	
NCORPORATOR NAME(S) AND MAILING ADDRESS(ES)			
If an incorporator is a corporation or firm, enter the full name of the	e corporation or firm. A	ttach an additior	nal sheet if more
space is required.	, co.po.a		
CORPORATION OR FIRM NAME			
LAST NAME FIRST NAME		MIDDLE NAME	
MAILING ADDRESS	PROVINCE/STATE	COUNTRY	POSTAL CODE/ZIP CODE
CORPORATION OR FIRM NAME			
ORPORALION OR FIRM INAME			
AST NAME FIRST NAME		MIDDLE NAME	
MAILING ADDRESS	PROVINCE/STATE	COUNTRY	POSTAL CODE/ZIP CODE
ODDODATION OD FIDM NAME			
CORPORATION OR FIRM NAME			
AST NAME FIRST NAME		MIDDLE NAME	
MAILING ADDRESS	, PROVINCE/STATE	COUNTRY	POSTAL CODE/ZIP CODE
			332,2 3352

COMPLETING PARTY - The complete	ng party must be an individual, no FIRST NAME	ot a corporation or	a firm. MIDDLE NAME	NAME		
MAILING ADDRESS OF COMPLETING	PARTY	PROVINCE/STATE	COUNTRY	POSTAL CODE/ZIP CODE		
COMPLETING PARTY STATEMENT FIRST NAME	MIDDLE NAME		LAST NAME			
I, the completing party, have examined incorporated by the filing of this Inco		• • •	to the compar	ny that is to be		
(a) the Articles and Incorporation	Agreement both contain a signature vith the name of that person set ou	e line for each pers		·		
(b) an original signature has been	placed on each of those signature	lines, and				
(c) I have no reason to believe the is set out under that signature	at the signature placed on a signati line.	ure line is not the s	ignature of the	e person whose name		
NAME OF COMPLETING PARTY	SIGNATURE OF COMPLETIN	IG PARTY	DA	TE SIGNED		
				YYYY / MM / DD		
	×					
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NOTICE OF ARTICLES

Α	NAME OF COMPANY				
	Set out the name of the company as set out in Item	A of the Incorporation Ap	pplication.		
_	TRANSLATION OF COMPANY NAME				
В		the company intends to	use outside of Can	ada	
	Set out every translation of the company hame that	the company interios to	use outside of Carr	aua.	
	DIRECTOR NAME(C) AND ADDRESS(ES)				
C			of over disorter.	-f th	The discretes seen
	usually be served with records between 9 a.m. a	TRIST NAME PROVINCESTATE COUNTRY POSTAL CODEZEP CODE PROVINCESTATE COUNTRY POSTAL CODEZEP CODE			
	more space is required.	FIRST NAME			
	LAST NAME	FIRST NAME		MIDDLE NAME	
_	DELIVERY ADDRESS		PROVINCE/STATE	COUNTRY	POSTAL CODE/ZIP CODE
	MAILING ADDRESS		PROVINCE/STATE	COUNTRY	POSTAL CODE/ZIP CODE
_	LAST NAME	FIRST NAME		MIDDLE NAME	
	DELIVERY ADDRESS		PROVINCE/STATE	COUNTRY	POSTAL CODE/ZIP CODE
_	MAILING ADDRESS		PROVINCE/STATE	COLINTRY	POSTAL CODE/ZIP CODE
	WILLIA ABRICO		110011102/01/112		TOOTAL OODL/ZII OODL
_	LAST NAME	FIRST NAME		MIDDLE NAME	I
	DELIVERY ARREST		DDOV/INOF/OTATE	OOLINTDY	DOOTAL OODE/7/D OODE
	DELIVERY ADDRESS		PROVINCE/STATE	COUNTRY	POSTAL CODE/ZIP CODE
_	MAILING ADDRESS		PROVINCE/STATE	COUNTRY	POSTAL CODE/ZIP CODE
	LAST NAME	FIRST NAME		MIDDLE NAME	
	DELIVERY ADDRESS		PROVINCE/STATE	COUNTRY	, POSTAL CODE/ZIP CODE
-	MAILING ADDRESS		PROVINCE/STATE	COUNTRY	POSTAL CODE/ZIP CODE

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D	REGISTERED OFFICE ADDRESSES		
	DELIVERY ADDRESS OF THE COMPANY'S REGISTERED OFFICE		
		PROVINCE	POSTAL CODE
		ВС	
	MAILING ADDRESS OF THE COMPANY'S REGISTERED OFFICE		
		PROVINCE	POSTAL CODE
		ВС	
Ε	RECORDS OFFICE ADDRESSES DELIVERY ADDRESS OF THE COMPANY'S RECORDS OFFICE	'	
		PROVINCE	POSTAL CODE
		вс	
	MAILING ADDRESS OF THE COMPANY'S RECORDS OFFICE		
		PROVINCE	POSTAL CODE
		вс	

	class or series of sh is authorized to iss	er of shares of this cares that the company ue, or indicate there is num number.	Kind of shares of this class or series of shares.		Are there special rights or restrictions attached to the shares of this class or series of shares?		
Identifying name of class or series of shares	THERE IS NO MAXIMUM	MAXIMUM NUMBER OF SHARES AUTHORIZED	WITHOUT PAR VALUE (✔)	WITH A PAR VALUE OF (\$)	Type of currency	YES (✔)	NO (V)

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