

Re: Ontario Incorporation

Please find attached:

1. Our price list;
2. Authorization Form;
3. Incorporation information form;
4. Consent to Act as a First Director;

The Ontario Government fee for incorporation is \$300.00; electronic filing fee is \$95.00. The total is \$395.00

You can choose one of our service packages on the price list from **P01** to **P06**. Your payment to us can be credit card or Email Money Transfer (EMT).

The following is the requirement under Ontario Business Corporations Act:

1. The address of the registered office has to be in Ontario; it has to be a physical address, not a post office address (residential address is acceptable), ;
2. The director of the corporation has to be an individual and over 18 years old; the director can not be in a bankrupt status.

Please email the following to us:

- Completed incorporation information form with authorizing person's signature (please provide your email address so that we can email the registration documents back to you)
- Signed Authorization Form and Consent to Act as a First Director;
- Our price list with credit card information & card holder's signature, please check mark the package you have chosen on the price list; if you prefer Email Money Transfer, please indicate that in your email and we will contact you after we receive your order.

Please allow us one business day for the incorporation process. The corporate supplies (minute book & seals) will take up to one week.

If you have any questions, please do not hesitate to contact us! Thank you very much!

Sincerely,

Sandra Chen / Susan Ding

Authorization for Documents Filing to Service Ontario

I, _____
(First name, Middle names and Surname)

address for service

(Street & No. or R.R. No., Municipality, Province, Country & Postal Code)

am

- a Director of the Corporation
 a Shareholder of the Corporation
 other individual having knowledge of the affairs of the Corporation

(Check appropriate box)

of the following corporation:

(Name of Corporation)

I hereby authorize BEST ONTARIO INC. to serve as my representative and to conduct business on my behalf with Service Ontario - Business Registry.

I authorize Service Ontario to release information from my file.

I certify that the information set out hereafter, is true and correct.

(Signature of the Authorizing Person)

By signing this form, you acknowledge that you have relevant knowledge and that you are authorized to submit this form.

Ontario Incorporation Information

Contact Name: _____ Tel: _____ Cell: _____ Date: _____

 **Proposed Corporation Name** Is This A Personal Real Estate Corporation (PREC) ? No Yes

Profit corporation name must end with one of the following legal words. Please mark one you prefer to:

LIMITED INCORPORATED CORPORATION LIMITEE
 LTD. INC. CORP. INCORPOREE

List your proposed corporation name (For Ontario name search, you could list up to three names in a preferred order below):

1) _____

2) _____

3) _____

 **Address of the Registered Business Office**

Suite/Apt./Unit: _____ Street No. & Name: _____

City: _____ Province: *ONTARIO* Postal Code: _____ Business Phone: () _____

 **Directors' Name and Directors' Address for Service**

FIRST	First Name: _____ Middle Initial: _____ Last Name: _____
	<input type="checkbox"/> Same as business address Suite: _____ Street No. & Name: _____
	Canadian/Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No Postal Code: _____ City: _____ Province: <input type="checkbox"/> <i>ONTARIO</i>

SECOND	First Name: _____ Middle Initial: _____ Last Name: _____
	<input type="checkbox"/> Same as business address Suite: _____ Street No. & Name: _____
	Canadian/Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No Postal Code: _____ City: _____ Province: <input type="checkbox"/> <i>ONTARIO</i>

THIRD	First Name: _____ Middle Initial: _____ Last Name: _____
	<input type="checkbox"/> Same as business address Suite: _____ Street No. & Name: _____
	Canadian/Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No Postal Code: _____ City: _____ Province: <input type="checkbox"/> <i>ONTARIO</i>

Note: If you have more directors, please write on another copy of this request form or provide the same info on a separate piece of paper.

 **Additional Information**

➤ Authorizing Person Signature: **X** _____ Authorizing Person Name: _____

➤ E-mail Back? YES E-mail address: _____

➤ Major Business NAICS Code: _____ Please provide the business description: _____
Activities

Form 2
Business
Corporations
Act

Formule 2
Loi sur les
sociétés par
actions

**CONSENT TO ACT AS A FIRST DIRECTOR
CONSETEMENT DU PREMIER ADMINISTRATEUR**

I, / Je soussigné(e), _____

(First name, middle names and surname)
(Prénom, autres Prénoms et nom de famille)

address for service
domicile élu

(Street & No. or R.R. No., Municipality, Province, Country & Postal Code)
(Rue et numéro, ou numéro de la R.R., nom de la municipalité, province, pays et code postal)

hereby consent to act as a first director of
accepte par la présente de devenir premier administrateur de

(Name of Corporation)
(Dénomination sociale de la société)

(Signature of the Consenting Person)
(Signature de l'acceptant)