Best ontario	8111 Jane Street, Unit 3, Upper Level, Concord, Ontario, L4K 4L7 Tel: (416) 977-8595 (416) 977-9640 Website: www.bestontario.com Email: info@bestontario.com					
Ontario Busino					0	
Contact Name:	-55 INAI Tel: (ne reg	Cell: (Date:	
1. Proposed Business Name	1011 (
2. Address of Principal Place o	f Business	in Ontari	0			
uite/Apt./Unit: Street No. & Name:						
City: Prov	Province: ONTARIO Postal Code: Business Phone: ()					
3. Brief Description of Busines						
4. Corporation Information Juris		diction in which the Corporation was incorporated: ONTARIO FEDERAL				
Corporation Full Legal Name:						
Ontario Company Key:			Address of He	ad or Registered	I Office of the Corporation: 🏷	
Suite/Apt./Unit: Stree	et No. & Name:					
City: Prov	nce: 🗌 ONTA	<i>RIO</i> Postal	Code:	Busine	ess Phone: ()	
5. Ontario Company Key:	🗌 P	lease obtain tl	ne key on my beha	lf (\$85.00)	I will obtain the key myself	
6. Name of Person Authorizing	this Regis	tration (o	ne of the Dire	ctors of the	corporation)	
First Name:	Mi	ddle Name:	e Name: Last Name:			
7. Please provide your email a	ddress:					
Government Registration and Filing Fee: \$1	15.00 (New Reg	jistration & Re	newal); Our servio	ce fee \$118.65		
8. Payment Options	(all prices include Government fees, Service fee and HST)					
Payment by Credit Cards: S233.65 (/	or New registra	ation & Renewa	al)	Payment l	by Email Money Transfer (EMT)	
CARD HOLDER'S NAME and SIGN	ATURE:	Ľ	VISA	MasterCard	American Express	
First Name:	М	iddle Initial:		Last Nam	e:	
Card Number:				_, ^	e Date: / rity Code:	
The Cardholder Signature: X Please s	ign here to ac	knowledge b	y fax or email thi	s order and ag	ree to pay by the credit card.	



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				
Owner of the Sole-Proprietorship				
Director of the Corporation				
other individual having knowledge of the affairs of the Company				
(Check appropriate box)				
operating as business name:				
(Business Name)				
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.