

## **BC Unlimited Liability Company**

# **CONTINUATION APPLICATION**

BUSINESS CORPORATIONS ACT, sections 302 and 51.8

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 Executive Coordinator of the BC Registry Services at 1 877 526-1526, PO Box 9431 Stn Prov Govt, Victoria BC V8W 9V3.

If you are continuing a foreign unlimited liability corporation into BC to become a BC unlimited liability company and want the BC incorporation number as its name, you will need to file this form on paper. Complete this form and mail to the Corporate Registry, along with a letter from the corporation's home jurisdiction authorizing the continuation in. For information on the content of the authorization letter, see the Corporate Online Help Centre at www.corporateonline.gov.bc.ca for "Continuation Application for a BC Unlimited Liability Company" and "Authorization for Continuation In of an Unlimited Liability Company."

NAME OF COMPANY - Choose one of the following:  The name	is the name reserved
for the foreign unlimited liability corporation to be continued in. The name reserve	ation number is:
OR	
The foreign unlimited liability corporation is to be continued in with a name create Liability Company" after the incorporation number of the company.	d by adding "B.C. Unlimited
FOREIGN CORPORATION'S CURRENT JURISDICTION	
1. Corporate number assigned by the foreign unlimited liability corporation's jurisdiction	on
2. Corporation's name in the foreign unlimited liability corporation's jurisdiction	
3. Foreign unlimited liability corporation's date of incorporation or the most recent date of amalgamation or continuation	
4. Foreign unlimited liability corporation's jurisdiction of incorporation, amalgamation of	or continuation
CONTINUATION EFFECTIVE DATE - Choose one of the following:	
The continuation is to take effect at the time that this notice is filed with the regist	trar.
The continuation 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 notic	re.
The continuation is to take effect at a.m. orp.m. Pacific Time on	YYYY / MM / DD
being a date and time that is not more than ten days after the date of the filing of	
AUTHORIZATION FOR CONTINUATION	
Authorization for the continuation from the foreign unlimited liability corporation's juris	diction is:
3	

FORM 16 FOR (JAN 2020) Page 1/2

E ADDITIONAL INFORMATION REQUIRED BY THE RITHE BUSINESS CORPORATIONS ACT (ALBERTA) TO B	GISTRAR FOR AN UNLIMITED LIABILITY CORPORATE E CONTINUED INTO BRITISH COLUMBIA	ION UNDER
Complete this section <b>ONLY</b> if the fo	oreign unlimited liability corporation's jurisdiction	n is <b>Alberta</b> .
1. Choose <b>one</b> of the following:		
An affidavit of a director of the corpora believing that	tion stating that the director believes and has rea	asonable grounds for
(i) the corporation is, and the contin become due, and	ued unlimited liability company will be, able to p	ay its liabilities as they
(ii) the realizable value of the continuof its liabilities.	ied unlimited liability company's assets will not b	e less than the aggregate
OR		
An order approving the continuation from	om a court of competent jurisdiction in Alberta.	
2. Director affidavit or court order is:		
ATTACHED ALREADY FILED		
F REGISTRATION AS AN EXTRAPROVINCIAL COMPAN	NY .	
Is the foreign unlimited liability corporation cu	rrently registered in BC as an extraprovincial con	npany?
YES NO		
If YES, enter the BC registration number and n	ame of the extraprovincial company below:	
Extraprovincial Registration Number in BC		
Extraprovincial Company Name in BC		
(Including assumed name, if any, approved for	use in BC)	
CERTIFIED CORRECT - I have read this form and f		DATE CICNED
NAME OF AUTHORIZED SIGNING AUTHORITY FOR THE FOREIGN CORPORATION	SIGNATURE OF AUTHORIZED SIGNING AUTHORITY FOR THE FOREIGN CORPORATION	DATE SIGNED YYYY / MM / DD
	×	

FORM 16 FOR (JAN 2020) Page 2/2

### **NOTICE OF ARTICLES**

### **B.C. UNLIMITED LIABILITY COMPANY STATEMENT**

The shareholders of this company are jointly and severally liable to satisfy the debts and liabilities of this company to the extent provided in section 51.3 of the *Business Corporations Act.* 

# A NAME OF COMPANY

Set out the name of the company as set out in Item A of the Continuation Application.

## **B** TRANSLATION OF COMPANY NAME

Set out every translation of the company name that the company intends to use outside of Canada.

# C DIRECTOR NAME(S) AND ADDRESS(ES)

Set out the full name, delivery address and mailing address (if different) of every director of the company. The director may select to provide either (a) the delivery address and, if different, the mailing address for the office at which the individual can usually be served with records between 9 a.m. and 4 p.m. on business days or (b) the delivery address and, if different, the mailing address of the individual's residence. The delivery address must not be a post office box. Attach an additional sheet if more space is required.

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	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
LAST NAME	FIRST NAME		MIDDLE NAME	
DELIVERY ADDRESS		PROVINCE/STATE	COUNTRY	POSTAL CODE/ZIP CODE
MAILING ADDRESS		PROVINCE/STATE	COUNTRY	POSTAL CODE/ZIP CODE

FORM 16U/WEB Rev. 2014 / 02 / 24 NOA Page 1

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	
E RECORDS OFFICE ADDRESSES		
DELIVERY ADDRESS OF THE COMPANY'S RECORDS OFFICE	DDO/WALCE	DOCTAL CODE
	PROVINCE	POSTAL CODE
	ВС	
MAILING ADDRESS OF THE COMPANY'S RECORDS OFFICE	<u>'</u>	
	PROVINCE	POSTAL CODE
	ВС	
F AUTHORIZED SHARE STRUCTURE		

An unlimited liability company must set out on the face of each share certificate issued by it the following statement: The shareholders of this company are jointly and severally liable to satisfy the debts and liabilities of this company to the extent provided in section 51.3 of the *Business Corporations Act*.

	Maximum number of shares of this class or series of shares that the company is authorized to issue, or indicate there is no maximum 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

NOA Page 2 FORM 16U/WEB Rev. 2014 / 02 / 24



# **BUSINESS NUMBER REQUEST**

BUSINESS NUMBERS ACT, section 7

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

### **INSTRUCTIONS:**

## Please type or print clearly in block letters.

The Province of British Columbia has entered into a partnership with the Canada Revenue Agency (CRA) to use the national Business Number (BN) as a convenient way for corporations to identify themselves when communicating with federal and provincial governments.

The Corporate Registry, under the authority of the *Business Number Act*, is therefore collecting the BN from both corporations applying for registration in British Columbia and corporations currently registered in British Columbia. This will allow corporations to use their BN as an identifier the next time they communicate with the Corporate Registry.

You will already have a BN if you have been incorporated federally or if you are incorporated in another Canadian iurisdiction.

You may have also received a BN from CRA if you:

- collect GST/HST;
- · have employees:
- · import or export goods to or from Canada;
- · operate a taxi or limo service;
- are registered with WorkSafeBC, and/or;
- are registered to do business in another Canadian jurisdiction

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 Number 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.

### COMPLETE ITEM A OR B

A BUSINESS NUMBER	
Your Business Number (e.g., GST/HST account) would be displayed as a 15 character in	dentifier, for exampl

82123 5679 RT 0001. The first nine numbers uniquely identify your business – it's those numbers we need.

Please enter the first 9 digits here:

## **B DIRECTOR NAME**

If you do not have a Business Number please enter the name of a director of your corporation (as per CRA requirements) so that we can request one for you. The director's name is confidential information and is collected under the authority of the *Business Number Act*.

LAST NAME FIRST NAME