FORM 9 CERTIFICATE OF SUBSTANTIAL PERFORMANCE OF THE CONTRACT UNDER SECTION 32 OF THE ACT

Construction Act

joron 10
(County/District/Regional Municipality/Town/City in which premises are situated)
AQUALINA AT BAYSIDE
(street address and city, town, etc., or, if there is no street address, the location of the premises)
This is to certify that the contract for the following improvement:
FAB RESTAURANT MECHANICAL + HVAC
(short description of the improvement)
to the above premises was substantially performed on
(date substantially performed)
Date certificate signed:
Digitally signed by Matt Cheeseman Pit. C-CCA E+Matt Cheeseman @fcr.ca, CH-Matt Cheeseman @fcr.ca Date: 2023.06 27 21:21:44-0100'
(payment certifier where there is one) (owner and contractor, where there is no payment certifier)
Name of owner: FIRST CAPITAL Address for service: 85 HANNA AVENUE, SUITE 400, TORONO ONTARIO Name of contractor: JOEL MECHANICAL INC. GALLOTROE Address for service: 241 APPLEWOOD ZREG, UNIT 11, CONCORD, DNIARIO
Address for service: 85 HANNA AVENUE SUITE 400, TORONO PONTARIO
Name of contractor: JDEL MECHANICAL INC GALLIOTRE
Address for service: 241 APPLEWOOD ZRES, UNIT 11, CONCORD, DNIARIO
Name of payment certifier (where applicable):
Address:
(Use A or B, whichever is appropriate)
A. Identification of premises for preservation of liens:
(if a lien attaches to the premises, a legal description of the premises, including all property identifier numbers and addresses for the premises)
B. Office to which claim for lien must be given to preserve lien: 85 HANNA AVENUE, SUIK 400, TOROMO, ONTARIO
(if the lien does not attach to the premises, the name and address of the person or body to whom the claim for lien must be given)