

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

*Construction Act*

Mississauga

(County/District/Regional Municipality/Town/City in which premises are situated)

2121 Argentia Road, Mississauga, Ontario, L5N 2X4

(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:

Interior Alterations

(short description of the improvement)

to the above premises was substantially performed on April 4, 2024

(date substantially performed)

Date certificate signed: August 22, 2024



Edify Builds Construction Management Inc.

(owner and contractor, where there is no payment certifier)

(payment certifier where there is one)

Name of owner: Helping Hands Healthcare

 (GLENN GRAVES) CFO

Address for service: 2121 Argentia Road, Mississauga, ON L5N 2X4

Name of contractor: Edify Builds Construction Management Inc.

Address for service: 17 Carlaw Ave. Unit 5, Toronto ON M4M 2R6

Name of payment certifier (where applicable):

Address:

(Use A or B, whichever is appropriate)

☒ A. Identification of premises for preservation of liens:

2121 Argentia Road, Mississauga, ON L5N 2X4

(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:

(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)