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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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MAY 30 2019

M. SOLOMON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1501 MAIN STREET LP

Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

TIMOTHY S. SHAW, ESQ.

Contact Person

KIRK PINKERTON, P.A.

Firm/Company

240 SOUTH PINEAPPLE AVENUE, SIXTH FLOOR

Address

SARASOTA, FL 34236

City, State and Zip Code

TSHAW@KIRKPINKERTON.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TIMOTHY S. SHAW, ESQ.

at (941) 364-2435

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> \$1,000.00 Filing Fees
(S965 Filing Fee and
\$35 Registered Agent
Fee) | <input type="checkbox"/> \$1,008.75 Filing Fees
and Certificate of
Status | <input type="checkbox"/> \$1,052.50 Filing Fees
and Certified Copy | <input checked="" type="checkbox"/> \$1,061.25 Filing Fees,
Certified Copy, and
Certificate of Status |
|--|---|---|---|

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**CERTIFICATE OF LIMITED PARTNERSHIP
FOR
FLORIDA LIMITED PARTNERSHIP
OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. 1501 MAIN STREET LP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

2. 240 SOUTH PINEAPPLE AVENUE, SIXTH FLOOR

(Street address of initial designated office)

SARASOTA, FL 34236

3. TIMOTHY S. SHAW, ESQ.

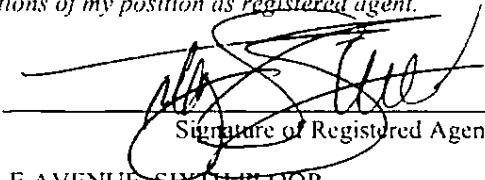
(Name of Registered Agent for Service of Process)

4. 240 SOUTH PINEAPPLE AVENUE, SIXTH FLOOR

(Florida street address for Registered Agent)

SARASOTA, FL 34236

5. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


Signature of Registered Agent

6. 240 SOUTH PINEAPPLE AVENUE, SIXTH FLOOR

(Mailing address of initial designated office)

SARASOTA, FL 34236

7. If limited partnership elects to be a limited liability limited partnership, check box ☐

8. Name and business address of each general partner:

Name:Business Address:Main Street Sarasota General
Partner Ltd. Corporation

700 Kerr St., Suite 100

Oakville, Ontario L5K 3W5, Canada

2019 MAY 24 AM 10:35
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

9. Effective date, if other than the date of filing: Date of Filing
 (Effective date cannot be prior to nor more than 90 days after the date the document is filed by
 the Florida Department of State.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements,
 this date will not be listed as the document's effective date on the Department of State's records.

Signed this 23rd day of May, 2019

Signature of each general partner: I/We submit this document and affirm that the facts stated
 herein are true. I/We am/are aware that any false information submitted in a document to the
 Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

[Signature] as President of Main Street Sarasota General Partner Ltd.
Corporation

Filing Fees:

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75