

A1900000026
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

19 JUL 5 11:35 AM '19

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

19 JUL -5 AM 2:03

**FLORIDA/FOREIGN LP/LLLP
7510 US1, LP**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$1,008.75

F1
19 JUL -5
SECRETARY
TALLAHASSEE

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

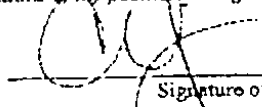
1. 7510 US1, LP
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., L.P., or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P., or LLLP.

2. 210 Shields Court
(Street address of initial designated office)
Markham, Ontario, L3R 8V2 CA

3. Corporate Creations Network Inc.
(Name of Registered Agent for Service of Process)

4. 11380 Prosperity Farms Road, Suite 221-E
(Florida street address for Registered Agent)
Palm Beach Gardens, FL 33410 US

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*


Caitlin Lazarus, Special Secretary
Signature of Registered Agent

6. 210 Shields Court
(Mailing address of initial designated office)
Markham, Ontario, L3R 8V2 CA

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

FILE
19 JUL -5 AM
REGISTRATION DIVISION
TALLAHASSEE, FLO

8. Name and business address of each general partner:

Name:

Business Address:

9311 VDV GP, INC.

210 Shields Court

Markham, Ontario, L3R 8V2 CA

_____	_____
_____	_____
_____	_____
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9. Effective date, if other than the 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 4th day of June, 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.

9311 VDV GP, INC.

By:


Michael Serova, President

Killing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

7510 US1, LLC

2300 E LAS OLAS BLVD.
5TH FLOOR
FORT LAUDERDALE, FL 33301

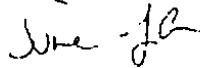
19 JUL - 5 AM 2:04
STATE OF FLORIDA
TALLAHASSEE

WRITTEN CONSENT GRANTING APPROVAL FOR USE OF NAME

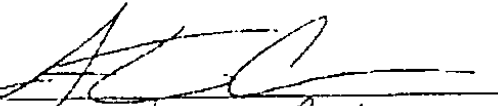
7510 US1, LLC, a Florida limited liability company (the "Company"), formed on December 21, 2018, does hereby grant permission and approve the filing of the CERTIFICATE OF LIMITED PARTNERSHIP in the State of Florida for:

"7510 US1, L.P."

The undersigned, being an Authorized Representative of the Company, has executed this Written Consent Granting Approval for Use of Name on behalf of the Company this 3 day of ~~May~~, 2019.



7510 US1, LLC, a Florida limited liability company

By: 
Name: Steven Avalon
Title: Authorized Representative