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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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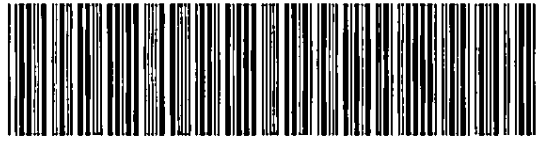
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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US  
6/19/21



**ALTRO**  
— — —  
US & CANADIAN ATTORNEYS, NOTARIES  
AND LEGAL COUNSEL

June 7, 2021

BY FEDEX

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

RE: **9443-6227 QUEBEC INC.**  
**COCOMARO REALTY FL LP**  
**Matter No. 19457-002**

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We would like to register 9443-6227 QUEBEC INC., a Quebec corporation, to do business in the state of Florida, and to form a Florida limited partnership under the name COCOMARO REALTY FL LP. Accordingly, we enclose the following:

**9443-6227 QUEBEC INC.**

(please ensure that this is processed first as this corporation is the GP for the COCOMARO REALTY FL LP)

1. Cover Letter;
2. Application by foreign corporation for authorization to transact business in Florida;
3. Certificate of status of 9443-6227 QUEBEC INC.; and
4. Cheque in the amount of USD\$87.50 payable to Florida Department of State being the requisite filing fee (please note this cheque is drawn on a US bank and is in US funds).

**COCOMARO REALTY FL LP**

1. Cover Letter;
2. Certificate of Limited Partnership for Florida Limited Partnership;
3. Cheque in the amount of USD\$1,061.25 payable to Florida Department of State being the requisite filing fee (please note this cheque is drawn on a US bank and is in US funds).



As this matter is time sensitive. I am hoping that you will be able to process the enclosed as soon as possible. That said, please let me know if you require any additional information to assist with this process.

Should you have any questions, please feel free to contact me at 416-477-8165.

Thanks in advance.

**ALTRO LLP**

**Julian Franch, B.A., M.B.A., J.D.**  
Associate Lawyer

JF/yt  
Encl.

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** COCOMARO REALTY FL 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:

Julian Franch

Contact Person

Altro LLP

Firm/Company

155 University Avenue, Suite 300

Address

Toronto, Ontario, M5H 3B7

City, State and Zip Code

jfranch@altrolaw.com

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

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CORPORATION DIVISION

For further information concerning this matter, please call:

Julian Franch at (416) 477-8165

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)
- \$1,008.75 Filing Fees and Certificate of Status
- \$1,052.50 Filing Fees and Certified Copy
- \$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. COCOMARO REALTY FL 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 L.L.P.

2. 7901 4th St N STE 300, St. Petersburg, FL 33702, USA  
(Street address of initial designated office)

3. Northwest Registered Agent LLC  
(Name of Registered Agent for Service of Process)

4. 7901 4th St N STE 300, St. Petersburg, FL 33702, USA  
(Florida street address for Registered Agent)

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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.*

/s/ Tom Glover

Signature of Registered Agent

6. 7901 4th St N STE 300, St. Petersburg, FL 33702, USA  
(Mailing address of initial designated office)

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:

9443-6227 Quebec Inc.

7901 4th St N STE 300

St. Petersburg, FL 33702. USA

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STATE

9. Effective date, if other than the date of filing: June 2nd, 2021  
(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, 2021

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.

/s/ Henryk Maedler-Kron

Henryk Maedler-Kron, President of 9443-6227 Quebec Inc.

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

**Certified Copy (optional):** \$52.50