A21000000382

(Requestor's Name)			
(Address)			
(Address)			
(//0	uress)		
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
W21000019616			

Office Use Only



200367654002

06/08/21--01028--020 **1061.25

2021 JUL 15 THIO: 46

→ ≥ 8.702°



July 13, 2021 BY FEDEX

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

RE: WYNDHILL HOLDINGS INC.

PERWINKLE LIMITED PARTNERSHIP

Matter No. 16749-003

This is our second request. We tried to submit the application to register "WYNDHILL INC.", an Ontario corporation, to do business in the state of Florida, and to form a Florida limited partnership under the name "PERWINKLE LIMITED PARTNERSHIP".

We received a response that the name "WYNDHILL INC." is unavailable, hence, we enclose the revised documents with a proposed new name "WYNDHILL HOLDINGS INC."

WYNDHILL HOLDINGS INC.

(please ensure that this is processed first as this corporation is the GP for the "PERWINKLE LIMITED PARTNERSHIP")

- Cover Letter:
- 2. Application by foreign corporation for authorization to transact business in Florida:
- 3. Certificate of status of "WYNDHILL INC."

PERWINKLE LIMITED PARTNERSHIP

- Cover Letter:
- 2. Certificate of Limited Partnership for Florida Limited Partnership.

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.

RECEIVED

155 University Avenue, Suite 300, Toronto, ON MSH 387 / Fel: 1.888.462.5876 / www.altrolaw.com



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.

Julian Frank

Associate Lawyer

JF/yt Encl.

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: PERWINKLE LIMITED PARTNE	RSHIP	
	Partnership or Limited Liability Limited Partnership	
The enclosed Certificate of Limited Partner	rship and fees are submitted for filing.	
Please return all correspondence concernin	g this matter to:	
Julian Franch		
Contact Person		
Altro LLP		
Firm/Company		
155 University Avenue, Suite 300		
Address		
Toronto, Ontario, MSH 3B7		
City, State and Zip Code		
jfranch@altrolaw.com		
E-mail address: (to be used for future annual r	eport notification)	
For further information concerning this ma	tter, 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 amou	ent:	
\$1,000.00 Filing Fees \$1,008.75 Filing Fee (\$965 Filing Fee and \$35 Registered Agent Fee) \$1,008.75 Filing Fee and Certificate of Status	\$ \[\] \$1.052.50 Filing Fees and Certified Copy Certified Copy, and Certificate of Status	
STREET ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building 2661 Executive Center Circle	P. O. Box 6327	
Tallahassee, FL 32301	Tallahassee, Fl. 32314	
restaurantife to a second t		

CR2E030 (6/17)

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

PERWINKLE LIMITED PARTNERSHIP L. (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. 7901 4th St N STE 300, St. Petersburg, FL 33702, USA (Street address of initial designated office)
(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)
5. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to co with the provisions of all statutes relative to the proper and complete performance of my duties, and I am fam 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

Page 1 of 2

8. Name and business address of each general partner: Name: **Business Address:** WYNDHILL HOLDINGS INC. 7901 4th St N STE 300 St. Petersburg, FL 33702, USA 9. Effective date, if other than the date of filing: May 17, 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 13th day of July 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/ Pamela Griffith-Jones Pamela Griffith-Jones, President of WYNDHILL HOLDINGS INC.

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

Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75