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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

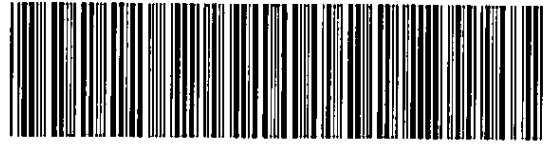
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE

[Handwritten signature]

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VinniJarvi Florida Limited Partnership
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:

Samantha Wu

Contact Person
Altro LLP

Firm/Company
155 University Avenue, Suite 300

Address
Toronto, Ontario, M5H 3B7

City, State and Zip Code
swu@altrolaw.com

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

For further information concerning this matter, please call:

Samantha Wu at (416) 477-8157

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. Vinnijarvi Florida Limited Partnership

(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)

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 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 .

FILED
AUG 18 AM 9:45
TOM GLOVER
REGISTERED AGENT
FLORIDA

8. Name and business address of each general partner:

Name:

Business Address:

2860485 ONTARIO INC.

7901 4th St N, STE 300

St. Petersburg, FL 33702, USA

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
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_____	_____
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_____	_____
_____	_____

9. Effective date, if other than the date of filing: August 16, 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 16th day of August, 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.

<u>/s/ Stalin Bharti</u>	<u>Stalin Bharti, President of 2860485 ONTARIO INC.</u>
_____	_____
_____	_____

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