

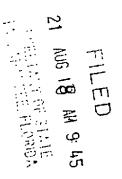
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COVER LETTER

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: S1.000.00 Filing Fees S1.008.75 Filing Fees and Certified Copy and Certificate of Status Fee) STREET ADDRESS: Registration Section Division of Corporations Clifton Building P. O. Box 6327 Tallahassee, FL 32314	TO: Registration Section Division of Corporations	
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: S1,000.00 Filing Fees (\$965 Filing Fees and and Certificate of and Certified Copy. Certified Copy. and S35 Registered Agent Status Fee) STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Pallahassee, FL 32314	SUBJECT: VinniJarvi Florida Limited Pa	rtnership
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 Enclosed is a check for the following amount: S1.000.00 Filing Fees on and Certificate of Status STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Firm/Company 155 University Avenue, Suite 300 Address City, State and Zip Code Swu@altrolaw.com Address Toronto, Ontario, M5H 3B7 City, State and Zip Code Swu@altrolaw.com Address Toronto, Ontario, M5H 3B7 City, State and Zip Code Swu@altrolaw.com Address Toronto, Ontario, M5H 3B7 City, State and Zip Code Swu@altrolaw.com E-mail address: (10 be used for future annual report notification) For further information concerning this matter, please call: Samantha Wu at (416) 477-8157 Area Code and Daytime Telephone Number Enclosed is a check for the following amount: S1.000.00 Filing Fees and Certified Copy Certified Copy, and Certificate of Status Certified Copy and Certificate of Status Certified Copy and Certificate of Status Fee) STREET ADDRESS: Registration Section Division of Corporations Clifton Building P. O. Box 6327 Tallahassee, FL 32314		
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S1.000.00 Filing Fees S1.008.75 Filing Fees S1.052.50 Filing Fees S1.061.25 Filing Fees. (\$965 Filing Fee and and Certificate of sand Certified Copy and Certificate of Status Fee) STREET ADDRESS: Registration Section Division of Corporations Clifton Building Certificate of Status P. O. Box 6327 Tallahassee, FL 32314	Name of Contact Person	
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Registration Section Division of Corporations Clifton Building P. O. Box 6327 Tallahassee, FL 32314	(\$965 Filing Fee and and Certificate of S35 Registered Agent Status	and Certified Copy Certified Copy, and
	STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	Registration Section Division of Corporations P. O. Box 6327

CR2E030 (6/17)

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

irtnership suffixes: Limitea	Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership nited Partnership, L.L.L.P. or LLLP
7901 4th St N, ST	E 300, St. Petersburg, FL 33702, USA
	(Street address of initial designated office)
Northwest Registe	red Agent LLC
	(Name of Registered Agent for Service of Process)
7901 4th St N. ST	E 300, St. Petersburg, FL 33702, USA
	(Florida street address for Registered Agent)
=	
th the provisions of all s	pointment as registered agent and agree to act in this capacity. I further agree to tatutes relative to the proper and complete performance of my duties, and tum fair tions of my position as registered agent.
th the provisions of all s	tatutes relative to the proper and complete performance of my duties, and hum fantions of my position as registered agent.
th the provisions of all s	tatutes relative to the proper and complete performance of my duties, and Fum Jan tions of my position as registered agent. /s/ Tom Glover
th the provisions of all s th and accept the obliga	tatutes relative to the proper and complete performance of my duties, and hum far tions of my position as registered agent. /s/ Tom Glover

Page 1 of 2

Name:	Business Address:	
2860485 ONTARIO INC.	7901 4th St N, STE 300	
	St. Petersburg, FL 33702, USA	
		
). Effective date, if other than the o	date of filing: August 16, 2021	
<i>he Florida Department of State.)</i> Note: If the date inserted in this blo	or more than 90 days after the date the documents of the document of the applicable statutory filing the detective date on the Department of	g requiremen
Signed this 16th	day ofAugust2021	
erein are true. I/We am/are aware	/We submit this document and affirm that the that any false information submitted in a docunird degree felony as provided for in s.817.155	ment to the
/s/ Stalin Bharti	Stalin Bharti, President of 2860485 ONT.	<u>ARIO INC.</u>
Tiling Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Ag \$52.50	ent Fee)