

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

