# P220000000127

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PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	ne)
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SECRE MAY OF STATE TALLAHASSEE FI OBLE

TILED

# **COVER LETTER**

Tallahassee, FL 32314

TO: Registration Section Division of Corporations			
SUBJECT: Casawolf Limited Partnership			
Name of Foreign Limited Partn	ership or Limi	ted Liability	Limited Partnership
The enclosed application, certificate of status and fee partnership to transact business in Florida. Please return all correspondence concerning this mat		d to register a	a foreign limited partnership or limited liability limited
William Heseltine			
Contact Person	<u>,</u>		
Levy Salis LLP			
Firm/Company			
630 Sherbrooke Street West, Suite 910			
Address			
Montreal, Quebec, H3A 1E4, Canada			
City, State and Zip Code			
wheseltine@levysalis.com			
E-mail address: (to be used for future annual repor	t notification)		
For further information concerning this matter, pleas	se call:		
William Heseltine	514	447-31	27
Name of Contact Person	_at ( Area Co	de and Daytir	me Telephone Number
Enclosed is a check for the following amount:			
□\$1,000.00 Filing Fee (\$965 Filing Fee and \$35 Registered Agent Fee) □\$1,008.75 Filing Fees and Certificate of Status	□\$1,052.50 and Certi	Filing Fees fied Copy	■\$1,061.25 Filing Fee. Certified Copy, and Certificate of Status
Mailing Address:		Street A	Address:
Registration Section		•	ration Section
Division of Corporations			on of Corporations
P.O. Box 6327		The Co	entre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

# APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA

Limited, L.P., LP, or Ltd.			
,			
p or limited liability limited partnership pronust contain acceptable suffix.	oposes to re	gister to	o transact
<sub>3</sub> November 19, 2021			
Date of Formation			
rida Street Address:			
nce of my duties, and I am familiar with and			
of Registered Agent			
8. Mailing Address:			
20760 Yonge Street			
East Gwillimbury, Ontario L9N 0J7	A SS	2025	
Canada	CRE	FEB	$\neg$
ership, check box. 🗆	4887 1888	9	5
each general partner:	무무	A	Ш
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nada			
Name of General Partner:			<del></del>
Street Address:			
<del> </del>	<del></del>	-	
Mailing Address:			
	Limited, L.P., L.P., or Ltd. hited Liability Limited Partnership, L.L.L.P  p or limited liability limited partnership product contain acceptable suffix.  3. November 19, 2021  Date of Formation  rida Street Address:  ree to act in this capacity. I further agree to ace of my duties, and I am familiar with an acceptable suffix.  10 Registered Agent  8. Mailing Address:  20760 Yonge Street  East Gwillimbury, Ontario L9N 0J7  Canada  riship, check box.   each general partner:  Name of General Partner:  Street Address:  hada  Mailing Address:  Street Address:  Name of General Partner:  Street Address:  Street Address:	por limited liability limited partnership, L.L.L.P. or LLLP.  por limited liability limited partnership proposes to refuse contain acceptable suffix.  3. November 19, 2021  Date of Formation  rida Street Address:  ree to act in this capacity. I further agree to comply where of my thaties, and I am familiar with and accept the survey.  of Registered Agent  8. Mailing Address: 20760 Yonge Street  East Gwillimbury, Ontario 1.9N 0J7  Canada  riship, check box.   each general partner:  Name of General Partner:  Street Address:  Mailing Address:  Street Address:  Name of General Partner:  Street Address:  Street Address:	Limited. L.P., L.P., or Ltd. nited Liability Limited Partnership, L.L.L.P. or LLLP.  p or limited liability limited partnership proposes to register to nust contain acceptable suffix.  3. November 19, 2021  Date of Formation  rida Street Address:  ree to act in this capacity. I further agree to comply with the nee of my duties, and I am familiar with and accept the obligation of Registered Agent  8. Mailing Address: 20760 Yonge Street  East Gwillimbury, Ontario L9N 0J7  Canada  riship, check box.   each general partner:  Name of General Partner:  Name of General Partner:  Name of General Partner:  Street Address:  Name of General Partner:  Street Address:  Street Address:

# Page 1 of 2

Name of General Partner:	Name of General Partner:
Street Address:	Street Address:
Mailing Address:	Mailing Address:
	og:
Florida Department of State, by the Secretary of State law of which it is organized.	nenticated, not more than 90 days prior to the delivery of this application to the State or other official having custody of the entity's records in the jurisdiction under
Signed this day of	FEB. 2022 WYW//
<del></del>	Signature of a general partner
	the facts stated herein are true and the individual is aware that false information are constitutes a third degree felony as provided for in s.817.155, F.S.

Page 2 of 2

\$52.50 \$8,75

Filing Fees:

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



Ministry of Government and Consumer Services

# **Profile Report**

CASAWOLF LIMITED PARTNERSHIP as of February 14, 2022

Act
Type
Firm Name
Business Identification Number (BIN)
Declaration Status
Declaration Date
Expiry Date
Principal Place of Business

**Activity (NAICS Code)** 

Limited Partnerships Act
Ontario Limited Partnership
CASAWOLF LIMITED PARTNERSHIP
1000029625
Active
November 19, 2021
November 18, 2026
20760 Yonge Street, East Gwillimbury, Ontario, Canada, L9N0J7
531310 - Real estate property managers

Certified a true copy of the record of the Ministry of Government and Consumer Services.

Sactara Ducketto

Director/Registrar

This report sets out the most recent information filed on or after June 27, 1992 in respect of corporations and April 1, 1994 in respect of Business Names Act and Limited Partnerships Act filings and recorded in the electronic records maintained by the Ministry as of the date and time the report is generated, unless the report is generated for a previous date. If this report is generated for a previous date, the report sets out the most recent information filed and recorded in the electronic records maintained by the Ministry up to the "as of" date indicated on the report. Additional historical information may exist in paper or microfiche format.

**General Partners** 

**Number of General Partners** 

**Partners** 

Partner 1 Name

**Ontario Corporation Number (OCN)** 

**Entity Type** 

**Registered or Head Office Address** 

1000026755 ONTARIO INC. 1000026755 **Ontario Business Corporation** 

20760 Yonge Street, East Gwillimbury, East Gwillimbury,

Ontario, Canada, L9N 0J7

Certified a true copy of the record of the Ministry of Government and Consumer Services.

Director/Registrar

Sacbara Duckett

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Firm Name History

Name

**Effective Date** 

Previous Name Effective Date CASAWOLF LIMITED PARTNERSHIP January 10, 2022

RAINMAKER ESTATES LIMITED PARTNERSHIP November 17, 2021

Certifled a true copy of the record of the Ministry of Government and Consumer Services.

Director/Registrar

Sacbara Duckett

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Additional historical information may exist in paper or microfiche format.

### **Active Business Names**

This entity does not have any active business names registered under the Business Names Act in Ontario.

Certified a true copy of the record of the Ministry of Government and Consumer Services.

Sacbaca Ducketts

Director/Registrar

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Additional historical information may exist in paper or microfiche format.

**Expired or Cancelled Business Names** 

This entity does not have any expired or cancelled business names registered under the Business Names Act in Ontario.

Certified a true copy of the record of the Ministry of Government and Consumer Services.

Sacbara Ducketto

Director/Registrar

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## **Document List**

Filing Name	Effective Date
Declaration of Change to an Ontario Limited Partnership	January 10, 2022
LPA - Declaration of Change for a Limited Partnership (Automated process - Address of Corporate Partner Amended)	January 10, 2022
LPA - File a Declaration of an Ontario Limited Partnership	November 19, 2021

Certified a true copy of the record of the Ministry of Government and Consumer Services.

Sachara Ducketto
Director/Registrar

This report sets out the most recent information filed on or after June 27, 1992 in respect of corporations and April 1, 1994 in respect of Business Names Act and Limited Partnerships Act fillings and recorded in the electronic records maintained by the Ministry as of the date and time the report is generated, unless the report is generated for a previous date, the report sets out the most recent information filed and recorded in the electronic records maintained by the Ministry up to the "as of" date indicated on the report. Additional historical information may exist in paper or microfiche format.

# APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA

iership	
ership suffixes: Limited Parti	iability Limited Partnership, which must include suffix) nership, Limited, L.P., LP, or Ltd. es: Limited Liability Limited Partnership, L.L.L.P, or LLLP.
Partnership	
	rtnership or limited liability limited partnership proposes to register to transact orida; must contain acceptable suffix.
	3. November 19, 2021
r Country of Formation	Date of Formation
entification Number: 98-1650	111
gent for Service of Process a	
ite 200	
1	
to the proper and complete pe ed agent.	and agree to act in this capacity. I further agree to comply with the provisions rformance of my thities, and I am familiar with and accept the obligations of
Sign	nature of Registered Agent
Principal Office: 8. Mailing Address:	
	20760 Yonge Street
o L9N 0J7	East Gwillimbury, Ontario L9N 0J7
	Canada
is a limited liability limited	partnership, check box.
ce address, and mailing add	ress of each general partner:
	Name of General Partner:
O Vanna Camana	
	Street Address:
- CWITTINIAN, ORIGINO ESTA O.	- Cullada
	Mailing Address:
ner:	Name of General Partner:
<del>-</del>	Street Address:
	Mailing Address:
	ed Partnership or Limited Lership suffixes: Limited Partnership suffix Partnership suffix Partnership in under which the limited pabusiness in Flore Country of Formation in the second suffication Number: 98-1650 gent for Service of Process at the 200 second sec

# Page 1 of 2

Name of General Partner:	Name of General Partner:
Street Address:	Street Address:
Mailing Address:	Mailing Address:
1. Effective date, if other than the date of filing:  Effective date cannot be prior to nor more than 90 days after the late inserted in this block does not meet the approximent's effective date on the Department of State's recomment.	er the date this document is filed by the Florida Department of State,) blicable statutory filing requirements, this date will not be listed as the
2. Attached is a certificate of existence duly authenticated, florida Department of State, by the Secretary of State or oth he law of which it is organized.	not more than 90 days prior to the delivery of this application to the er official having custody of the entity's records in the jurisdiction under
Signed this day of FEI	3. 20,22 g
Signat	ture of a general partner

The individual signing this document affirms that the facts stated herein are true and the individual is aware that 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.

Filing Fees:

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

Certified Copy (optional):

\$52.50

\$8.75

Certificate of Status (optional):

Page 2 of 2