

A 22000000228

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

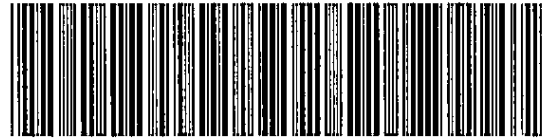
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** McStone Unit 613 LP  
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:

Avi Guttman

\_\_\_\_\_  
Name of Person

Altro LLP

\_\_\_\_\_  
Firm/Company

155 University Avenue, Suite 300

\_\_\_\_\_  
Address

Toronto, Ontario, M5H 3B7

\_\_\_\_\_  
City/State and Zip code

aguttman@altrolaw.com

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

For further information concerning this matter, please call:

Avi Guttman

at ( 514 )

940-8077

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
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. McStone Unit 613 LP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., L.P., or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or L.L.L.P.

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. 1523 Hurontario Street, Mississauga, Ontario, Canada, L5G 3H7

(Mailing address of initial designated office)

7. If limited partnership elects to be a limited liability limited partnership, check box

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8. Name and business address of each general partner:

Name:

Business Address:

McStone Unit 613 Inc.

7901 4th St N, Ste 300

St. Petersburg, Florida, 33702

9. Effective date, if other than the date of filing: \_\_\_\_\_

*(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 23th day of March, 2022

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/ Larry Gladstone

Larry Gladstone, President of

McStone Unit 613 Inc.

**Filing Fees:** \$1,000.00 (S965 Filing Fee and S35 Registered Agent Fee)  
**Certified Copy (optional):** \$52.50  
**Certificate of Status (optional):** \$8.75