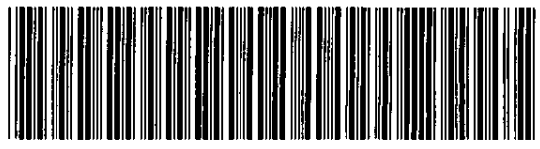


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SECRETARY OF STATE
DIVISION OF CORPORATION
09 JAN 15 PM 3:26

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD
FEB 19 2009
EXAMINER

Reject
GP - Reg
Eff. Det.

1009-2520

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MONTCLAIRE LIMITED PARTNERSHIP
(Name of Foreign Limited Partnership or Limited Liability Limited Partnership)

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida. Please return all correspondence concerning this matter to:

WALTER BOYCE
(Contact Person)
746796 ONTARIO LIMITED
(Firm/Company)
SUITE 200 - 368 SLATER STREET
(Address)
OTTAWA, ONTARIO, CANADA K1R-5C1
(City, State and Zip Code)

For further information concerning this matter, please call:

WALTER BOYCE at (613) 236-3151
(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 Fee, 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

MONTCLAIRE LIMITED PARTNERSHIP

c/o Walter Boyce
200 - 368 Slater Street
Ottawa, Ontario, Canada K1R 5C1

February 4, 2009

Florida Department of State
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Attention: Ms. Gina McLeod
Regulatory Specialist II

Dear Ms. McLeod:

**Re: Your reference W09000002520
Applications for Montclair Limited Partnership and
746796 Ontario Limited Inc**


Further to your correspondence of January 16 (mailed January 23) and our conversation of January 29, I return to you the **Application by Foreign Limited Partnership to Transact Business in Florida (Montclair Limited Partnership)** with the effective date and filing date amended to January 15, 2009 as advised.

In addition, a new **Application by Foreign Corporation for Authorization to Transact Business in Florida (746796 Ontario Limited Inc)** is enclosed together with our cheque in the amount of \$87.50. I have, as advised, used the January 15, 2009 date for the corporation as well.

746796 Ontario Limited Inc is the General Partner of Montclair Limited Partnership.

Should you require any further information, please do not hesitate to contact the writer.

Yours truly,


Walter Boyce
613 236-3151
email: wrboyce@magma.ca

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

1. MONTCLAIRE 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.

(If name unavailable, name under which the limited partnership or limited liability limited partnership
proposes to register to transact business in Florida; must contain acceptable suffix.)

2. ONTARIO, CANADA 3. _____
(State or Country of Formation) (Date of Formation)

4. FORESMAN, W.F.
(Name of Registered Agent for Service of Process)

5. 1040 6TH AVE. NORTH
(Florida street address for Registered Agent)

NAPLES FLORIDA 34102

6. 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.

X W F Foresman
Signature of Registered Agent

7. SUITE 200 - 368 SLATER STREET
(Principal office address)

OTTAWA, ONTARIO, CANADA K1R-5C1

8. If limited partnership is a limited liability limited partnership, check box

9. SUITE 200 - 368 SLATER STREET
(Mailing address)
OTTAWA, ONTARIO, CANADA K1R-5C1

10. Name, principal office address, and mailing address of each general partner:

746796 ONTARIO LIMITED
(Name)

FD9-609

SUITE 200 - 368 SLATER ST
(Street Address)

OTTAWA, ONTARIO

CANADA K1R-5C1
(Mailing Address)

ATTENTION: W. BOYCE

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

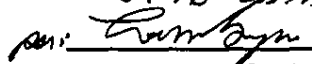
_____	_____
(Name)	(Street Address)
_____	_____
_____	(Mailing Address)
_____	_____
(Name)	(Street Address)
_____	_____
_____	(Mailing Address)
_____	_____

11. Effective date, if other than the date of filing: JANUARY 15, 2009 WB

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 15TH day of JANUARY, 2009 WB

Signature of a general partner:
746796 ONTARIO LIMITED

WALTER BOYCE - PRESIDENT
 "I HAVE THE AUTHORITY TO BIND THE CORPORATION"

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

Please Note: Set your printer paper size to legal (8.5" x 14") / Veuillez imprimer sur du papier grand format (8,5 po x 14 po).



Ministry of Government Services / Ministère des Services gouvernementaux

Declaration Form 3
under the Limited Partnerships Act
Déclaration Formule 3
aux termes de la Loi sur les sociétés en commandite

Print clearly in CAPITAL LETTERS / Écrivez clairement en LETTRES MAJUSCULES

Page of / de

1. Declaration Type / Type de déclaration <input checked="" type="checkbox"/> A New / Nouvelle <input type="checkbox"/> B Name Change / Modification de la raison sociale <input type="checkbox"/> C Change (other than name change) / Changement (autre que modification de la raison sociale)			
<input type="checkbox"/> D Renewal Without Name Change / Renouvellement sans modification de la raison sociale <input type="checkbox"/> E Renewal With Name Change / Renouvellement avec modification de la raison sociale <input type="checkbox"/> F Dissolution / Dissolution <input type="checkbox"/> G Withdrawal / Retrait			
Enter the Business Identification Number (BIN) for all Declaration Types except Type A / Entrez le N° d'identification de l'entreprise (NIE) pour tous les types de déclaration, sauf pour le type A		BIN (Business Identification No.) / NIE N° d'identification de l'entreprise	
2. Firm Name / Raison sociale de la société en commandite MONTCLAIRE LIMITED PARTNERSHIP			
3. Mailing Address / Adresse postale Street No. / N° de rue: 368 Street Name / Nom de la rue: SLATER STREET Suite No. / Bureau n°: 200 City / Town / Ville: OTTAWA Province / Province: ONTARIO Country / Pays: CANADA Postal Code / Code postal: K1R5C1			
4. Address of Principal Place of Business in Ontario / Adresse de l'établissement principal en Ontario <input checked="" type="checkbox"/> Same as above / comme ci-dessus <input type="checkbox"/> Extra-Provincial Limited Partnership without business address in Ontario / Société en commandite extraprovinciale sans établissement en Ontario			
Street No. / N° de rue: Street Name / Nom de la rue: Suite No. / Bureau n°: (P.O. Box not acceptable / Case postale non acceptés) City / Town / Ville: Province / Province: Country / Pays: Postal Code / Code postal:			
5. General Nature of Business / Nature générale de l'activité exercée INVESTMENT HOLDING			
6. Information Regarding General Partner(s) / Renseignements sur le ou les commandités			
(A) Individual / Personne physique - Last Name / Nom de famille: First Name / Prénom: Middle Name / Autre prénom:			
(B) Corporation, Partnership etc. / Personne morale, société en nom collectif etc. - Name / Raison sociale: 746796 ONTARIO LIMITED			Ontario Corporation Number / N° matricule de la personne morale en Ontario: 746796
Address / Adresse: Street No. / N° de rue: 368 Street Name / Nom de la rue: SLATER STREET Suite No. / Bureau n°: 200 City / Town / Ville: OTTAWA Province / Province: ONTARIO Country / Pays: CANADA Postal Code / Code postal: K1R5C1			
Signature of General Partner or Attorney for the General Partner / Signature du commandité ou de son procureur		Check if signing as attorney on behalf of the general partner pursuant to s. 32 of the Limited Partnerships Act.	