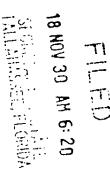
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(Reque	stor's Name)
(Addres	s)
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(City/Sta	ate/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busine	ss Entity Name)
(Docum	ent Number)
Certified Copies	Certificates of Status
Special Instructions to Filin	g Officer: 2.17 d
	

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K. SALY

DEC -3 2018

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

11/30/18

NAME:

DEDICATED HERMITAGE LP

TYPE OF FILING: APPLICATION

COST:

1,052.50 - CHECK IS ATTACHED

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA000000015-

AUFHORIZATION: ABBIE/PAUL HODGE

* FILE Second*

COVER LETTER

TO:	Registration Section
	Division of Corporation

SUBJECT: DEDICATED HERMITAGE, LP

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:

Karen Rodriguez
Contact Person
Triad Professional Services
Firm/Company
1720 Windward Concourse, S. 390
Address
Alpharetta, GA 30005
City, State and Zip Code
yweiser@brassenterprises.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Status

Karen Rodriguez

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

\$1,008.75 Filing Fees and Certificate of

\$\$1,052.50 Filing Fees and Certified Copy

☐ \$1,061.25 Filing Fee, Certified Copy, and Certificate of Status

\$35 Registered Agent Fee)

STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle 'allahassee, FL 32301

MAILING ADDRESS:

Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

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

F	11 6.
18 MOV 2	11.FD 0 AM 6:20
Sir.	O AH BED
	J. <1)

1 DEDICATED HERMITAGE, LP (Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffer) 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. ∍ Delaware State or Country of Formation Date of Formation 4. Federal Employer Identification Number, 83-2665613 5. Name of Registered Agent for Service of Process and Florida Street Address: NRAI Services, Inc. 1200 South Pine Island Road Plantation, FL 33324 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. Signature of Registered Agent 7. Principal Office: 8. Mailing Address: 970 Lawrence Ave W, S. 401 970 Lawrence Ave W, S. 401 Toronto, Ontario M6A 3B6 Toronto, Ontario M6A 3B6 Canada Canada 9. If limited partnership is a limited liability limited partnership, check box . 10. Name, principal office address, and mailing address of each general partner: Street Address: 970 Lawrence Ave W, S. 401 Street Address: Toronto, ON M6A 3B6 Mailing Address: 970 Lawrence Ave W, S. 401 Mailing Address: _____ Toronto, ON M6A 3B6 Name of General Partner:_______Name of General Partner:______ Street Address: _____ Street Address: Mailing Address: _____ Mailing Address: _____

Name of General Partner:	Page 1 of 2 Name of General Partner: 18 NOV
Street Address:	
Mailing Address:	Mailing Address:
. Effective date, if other than the date of	iling:
Attached is a certificate of existence duly prida Department of State, by the Secretary	uthenticated, not more than 00 days.
Attached is a certificate of existence duly prida Department of State, by the Secretary law of which it is organized.	in 90 days after the date this document is filed by the Florida Department of State.)

The individual signing this document affirm 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

Certificate of Status (optional):

\$8.75

Page 2 of 2

<u>Delaware</u>

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "DEDICATED HERMITAGE, LP" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF NOVEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DEDICATED HERMITAGE, LP" WAS FORMED ON THE THIRTEENTH DAY OF NOVEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

18 NOV 30 AH 6: 2



Jeffrey W. Bullock, Secretary of State

Authentication: 203993147

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