

B20000000015

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

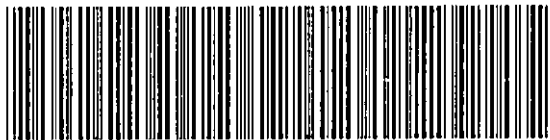
(Business Entity Name)

(Document Number)

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

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20 JAN 17 4:08

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Handwritten initials/signature

Handwritten checkmark

**Incorporating Services, Ltd.**

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@incserv.com

**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Stops  
mstops@incserv.com  
850.656.7953

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

2020 JAN 17 PM 39

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**OUR REF # (Order ID#)** 802803

**REQUEST DATE** 1/17/2020      **PRIORITY** Routine

**ORDER ENTITY**  
SABBIA 1403, L.P.

**PLEASE PERFORM THE FOLLOWING SERVICES:**

SABBIA 1403, L.P. (FL)

File the attached foreign qualification document and provide a certified copy and good standing as evidence.

**NOTES:**

\$1,061.25 Authorized  
Email address for annual report reminders: lhunt@adsllp.com

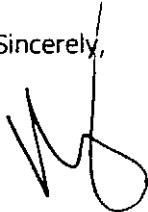
**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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

1. Sabbia 1403, L.P.

(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 L.L.P.

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

State or Country of Formation

3. January 9, 2020

Date of Formation

4. Federal Employer Identification Number: application in process

5. Name of Registered Agent for Service of Process and Florida Street Address:

Incorporating Services, Ltd.

1540 Glenway Drive

Tallahassee, FL 32301

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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.

Melissa [Signature]  
Signature of Registered Agent

7. Principal Office:

138 Timber Valley Ave.

Richmond Hill, ON L4E 4Z7

Canada

8. Mailing Address:

138 Timber Valley Ave.

Richmond Hill, ON L4E 4Z7

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:

Name of General Partner: Pompano Holdings Inc.

Name of General Partner: \_\_\_\_\_

Street Address: 138 Timber Valley Ave.

Street Address: \_\_\_\_\_

Richmond Hill, ON L4E 4Z7

Mailing Address: Canada

Mailing Address: \_\_\_\_\_

Name of General Partner: \_\_\_\_\_ Name of General Partner: \_\_\_\_\_

Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

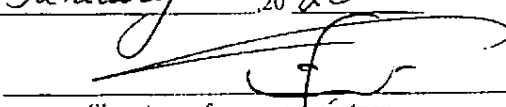
Name of General Partner: \_\_\_\_\_ Name of General Partner: \_\_\_\_\_

Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

11. Effective date, if other than the date of filing: \_\_\_\_\_  
(Effective date cannot be prior to nor more than 90 days after the date this 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.

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 16 day of January, 2020  
  
\_\_\_\_\_  
Signature of a general partner

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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  
Certificate of Status (optional): \$8.75

Request ID: 024082741  
Transaction ID: 74313165  
Category ID: UN/E

Province of Ontario  
Ministry of Government Services

Date Report Produced: 2020/01/16  
Time Report Produced: 12:35:36  
Page: 2

## LIMITED PARTNERSHIPS REPORT

Firm name registered under the *Limited Partnerships Act*  
SABBIA 1403. L.P.

Business Identification Number  
300033982

Business Type  
LIMITED PARTNERSHIP

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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### Information Regarding General Partner(s)

**Name (Individual/Corporation/Other)**

POMPANO HOLDINGS INC.

Corporate Number: 2736105

**Address**

138 TIMBER VALLEY AVE

RICHMOND HILL  
ONTARIO  
CANADA, L4E 4Z7

**Name of Signatory**

SETH, SACHIN

**Power of Attorney**

YES

Former Limited Partnership Names will only be displayed for Declarations registered on or after April 1, 1994.

This Report sets out the most recent information registered on or after April 1, 1994 and recorded in the Ontario Business Information System as of the last business day.

The issuance of this report in electronic form is authorized by the Ministry of Government Services.