B20000072a

(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:

W20000028802

Office Use Only

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TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 19, 2020

CSC

SUBJECT: RSE 2601 LIMITED PARTNERSHIP
Ref. Number: W20000028802

We have received your document for RSE 2601 LIMITED PARTNERSHIP and your check(s) totaling $. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott
Document Specialist II

Letter Number: 120A00005980

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 191109 8084636

AUTHORIZATION :

COST LIMIT : $ 1000.00

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TALLAHASSEE, FLORIDA

ORDER DATE : February 24, 2020

ORDER TIME : 3:25 PM

ORDER NO. : 191109-005

CUSTOMER NO: 8084636

FOREIGN FILINGS

NAME: RSE 2601 LIMITED PARTNERSHIP

XXXX QUALIFICATION (TYPE: LP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RSE 2601 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:

Contact Person

FEIGENBAUM LAW
Firm/Company

1137 Centre Street, Suite 201
Address

Thornhill, ON L4J 3M6, Canada
City, State and Zip Code

andrew@Feigenbaumlaw.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Mark Feigenbaum at (905) 695-1269
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

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

1. RSE 2601 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
State or Country of Formation

3. February 21, 2020
Date of Formation

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TALLAHASSEE, FLORIDA

4. **Federal Employer Identification Number:** 98-1532553

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

Corporation Service Company

1201 Hays Street

Tallahassee, FL 32301

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.* Corporation Service Company Kadesha Roberson
By: Asst. Vice President
Signature of Registered Agent

7. **Principal Office:**	8. **Mailing Address:**
414 Cranbrooke Avenue	414 Cranbrooke Avenue
Toronto, Ontario, Canada	Toronto, Ontario, Canada
M5M 1N5	M5M 1N5

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: Danny Rother	Name of General Partner: Sheila Rother
Street Address: 414 Cranbrooke Avenue Toronto, Ontario, Canada, M5M 1N5	Street Address: 414 Cranbrooke Avenue Toronto, Ontario, Canada, M5M 1N5
Mailing Address: 414 Cranbrooke Avenue Toronto, Ontario, Canada, M5M 1N5	Mailing Address: 414 Cranbrooke Avenue Toronto, Ontario, Canada, M5M 1N5
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.

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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 24th day of February, 20 20

_____
Signature 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**
Certificate of Status (optional):	**$8.75**

Ontario

Ministry of Government and Consumer Services

Ministère des Services gouvernementaux et des Services aux consommateurs

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

1. **Declaration Type / Type de déclaration** A. ☑ New / Nouvelle B. ☐ Name Change / Modification de la raison sociale C. ☐ Change (other than name change) / Changement (autre que modification de la raison sociale)

D. ☐ Renewal Without Name Change / Renouvellement sans modification de la raison sociale E. ☐ Renewal With Name Change / Renouvellement avec modification de la raison sociale F. ☐ Dissolution / Dissolution 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**

R S E 2 6 0 1 L I M I T E D P A R T N E R S H I P

3. **Mailing Address of Registrant / Adresse postale de registrant**

414 CRANBROOKE AVENUE

TORONTO ONTARIO CANADA M5M 1N5

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TALLAHASSEE, FLORIDA

4. **Address of Principal Place of Business in Ontario / Adresse de l'établissement principal en Ontario**

☑ Same as above / comme ci-dessus ☐ 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° (PO Box not acceptable / CP non acceptée)
414	CRANBROOKE AVENUE	

City / Town / Ville	Province / Province	Country / Pays	Postal Code / Code postal
TORONTO	ONTARIO	CANADA	M5M 1N5

5. **General Nature of Business / Nature générale de l'activité exercée**

R E A L E S T A T E I N V E S T M E N T S

6. **Information Regarding General Partner(s) / Renseignements sur le ou les commandités**

(A) Individual / Personne physique - Last Name / Nom de famille: ROTHER — First Name / Prénom: DANNY — Middle Name / Autre prénom:

(B) Corporation, Partnership etc. / Personne morale, société en nom collectif etc. - Name / Raison sociale — Ontario Corporation Number / N° matricule de la personne morale en Ontario

Street No. / N° de rue	Street Name / Nom de la rue	Suite No. / Bureau n°
414	CRANBROOKE AVENUE	

City / Town / Ville	Province / Province	Country / Pays	Postal Code / Code postal
TORONTO	ONTARIO	CANADA	M5M 1N5

Signature of General Partner or Attorney for the General Partner / Signature du commandité ou de son procureur

X

Print Name of Signatory / Nom du signataire en lettres moulées

DANNY ROTHER

Check if signing as attorney on behalf of the general partner pursuant to s. 32 of the *Limited Partnerships Act*. / Cochez la case ci contre si le signataire est le procureur du commandité (art. 32 de la Loi) ☐

For a new Declaration, name change or renewal, Item 6 must be completed and signed by all the general partners or their attorneys. If there is more than one general partner, set out the total number of partners in the box and attach additional schedule(s) / Pour une nouvelle Déclaration, une modification de la raison sociale ou un renouvellement, il faut remplir la section 6 pour chaque commandité, et chaque commandité ou son procureur doit signer la section 6. S'il y a plus d'un commandité, entrez le nombre total de commandités dans la case ci contre et remplissez et joignez une ou des annexes.

Number of General Partners / Nombre de commandités: 2

7. **Jurisdiction of Formation / Territoire d'origine**

ONTARIO

Extra-Provincial Limited Partnership Carrying on Business in Ontario / Société en commandite extraprovinciale menant des activités en Ontario

8. **Information Regarding Attorney/Representative for an Extra-Provincial Limited Partnership - (Does not apply to limited partnerships formed in another Canadian jurisdiction that have an office or other place of business in Ontario) / Renseignements sur le procureur / représentant de la société en commandite extraprovinciale - (Ne s'applique pas aux sociétés en commandite d'un autre territoire canadien qui ont un établissement en Ontario)**

Power of Attorney - Check the box to confirm there is an executed Power of Attorney (Form 4) appointing the person/corporation listed below to be the attorney and representative in Ontario. The attorney/representative is required to keep the executed Form 4 available for inspection at the address set out below. / Procuration – Cochez la case ci-contre pour confirmer qu'il y a une Procuration signée (Formule 4) nommant la personne physique ou morale indiquée ci dessous à titre de procureur et représentant en Ontario. Celui ci doit tenir la Formule 4 signée à disposition aux fins d'inspection à l'adresse ci dessous.

Attorney / Representative – Procureur / représentant

(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 — Ontario Corporation Number / N° matricule de la personne morale en Ontario

MINISTRY USE ONLY - RÉSERVÉ AU MINISTÈRE

NAME / NOM
REG/ENR
EXP/EXPIR

Street No. / N° de rue — Street Name / Nom de la rue — Suite No. / Bureau n°

City / Town / Ville — Province / Province

Country / Pays — Postal Code / Code postal

SCHEDULE - To Form 3, Declaration Under the *Limited Partnerships Act*
ANNEXE à la Formule 3 - Déclaration *Loi sur les sociétés en commandite*
Information Regarding General Partners
Renseignements sur le ou les commandités

Only complete this schedule if the limited partnership has more than one general partner. All general partners must be listed and must sign a new declaration, name change, or renewal. Complete as many Schedules as required. A change other than a name change, withdrawal or dissolution must be signed by at least one general partner.

Ne remplissez cette Annexe que si la société en commandite a plus d'un commandité. Tous les commandités doivent être déclarés et chacun doit signer la Déclaration si vous remplissez une nouvelle déclaration, une modification de la raison sociale ou un renouvellement. Utilisez d'autres annexes si nécessaire. Si vous remplissez une Déclaration pour un changement autre qu'une modification de la raison sociale, ou pour un retrait ou une dissolution, la Déclaration doit être signée par au moins un commandité.

BIN (Business Identification No.)/NIE N° d'identification de l'entreprise

Firm Name / Raison sociale de la société en commandite

RSE 2601 LIMITED PARTNERSHIP

9. Information Regarding General Partner(s) / Renseignements sur le ou les commandités

(A) Individual / Personne physique - Last Name / Nom de famille: ROTHER | First Name / Prénom: SHEILA | Middle Name / Autre prénom:

(B) Corporation, Partnership etc. / Personne morale, société en nom collectif etc. - Name / Raison sociale | Ontario Corporation Number / N° matricule de la personne morale en Ontario

Street No. / N° de rue: 414 | Street Name / Nom de la rue: CRANBROOKE AVENUE | Suite No. / Bureau n°

City / Town / Ville: TORONTO | Province / Province: ONTARIO | Country / Pays: CANADA | Postal Code / Code postal: M5M 1K5

Signature of General Partner or Attorney for the General Partner / Signature du commandité ou de son procureur: X S. Rother

Check if signing as attorney on behalf of the general partner pursuant to s. 32 of the *Limited Partnerships Act*

Cochez la case ci-contre si le signataire est le procureur du commandité (art. 32 de la Loi) ☐

Print Name of Signatory / Nom du signataire en lettres moulées: SHEILA ROTHER

(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 | Ontario Corporation Number / N° matricule de la personne morale en Ontario

Street No. / N° de rue | Street Name / Nom de la rue | Suite No. / Bureau n°

City / Town / Ville | Province / Province | Country / Pays | Postal Code / Code postal

Signature of General Partner or Attorney for the General Partner / Signature du commandité ou de son procureur: X

Check if signing as attorney on behalf of the general partner pursuant to s. 32 of the *Limited Partnerships Act*

Cochez la case ci-contre si le signataire est le procureur du commandité (art. 32 de la Loi) ☐

Print Name of Signatory / Nom du signataire en lettres moulées

(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 | Ontario Corporation Number / N° matricule de la personne morale en Ontario

Street No. / N° de rue | Street Name / Nom de la rue | Suite No. / Bureau n°

City / Town / Ville | Province / Province | Country / Pays | Postal Code / Code postal

Signature of General Partner or Attorney for the General Partner / Signature du commandité ou de son procureur: X

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Print Name of Signatory / Nom du signataire en lettres moulées

Check if signing as attorney on behalf of the general partner pursuant to s. 32 of the *Limited Partnerships Act*

Cochez la case ci-contre si le signataire est le procureur du commandité (art. 32 de la Loi) ☐

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LIMITED PARTNERSHIPS REPORT

Firm name registered under the *Limited Partnerships Act*

RSE 2601 LIMITED PARTNERSHIP

Business Identification Number

300201217

Business Type

LIMITED PARTNERSHIP

Mailing Address

414 CRANBROOKE AVENUE

TORONTO
ONTARIO
CANADA. M5M 1N5

General Nature of Business

REAL ESTATE INVESTMENTS

Declaration Date

2020/02/21

Renewal Date

NOT APPLICABLE

Address of Principal Place of Business in Ontario

414 CRANBROOKE AVENUE

TORONTO
ONTARIO
CANADA. M5M 1N5

Jurisdiction of Formation

ONTARIO

Expiry Date

2025/02/20

Change Date(s)

NOT APPLICABLE

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Last Document Filed

NEW DECLARATION

Last Document Filed Date

2020/02/21

Former Names

NOT APPLICABLE

Dissolution/Withdrawal Date

NOT APPLICABLE

Current Partnership Business Names Exist:

NO

Expired Partnership Business Names Exist:

NO

Date of Name Change

LIMITED PARTNERSHIPS REPORT

Firm name registered under the *Limited Partnerships Act*

RSE 2601 LIMITED PARTNERSHIP

Business Identification Number

300201217

Business Type

LIMITED PARTNERSHIP

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Information Regarding General Partner(s)

Name (Individual/Corporation/Other)

ROTHER,
DANNY

Address

414 CRANBROOKE AVENUE

TORONTO
ONTARIO
CANADA, M5M 1N5

Name of Signatory

NOT APPLICABLE

Power of Attorney

NO

Name (Individual/Corporation/Other)

ROTHER,
SHEILA

Address

414 CRANBROOKE AVENUE

TORONTO
ONTARIO
CANADA, M5M 1N5

Name of Signatory

NOT APPLICABLE

Power of Attorney

NO

LIMITED PARTNERSHIPS REPORT

Firm name registered under the *Limited Partnerships Act*

RSE 2601 LIMITED PARTNERSHIP

Business Identification Number

300201217

Business Type

LIMITED PARTNERSHIP

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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.