

B21000000031

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

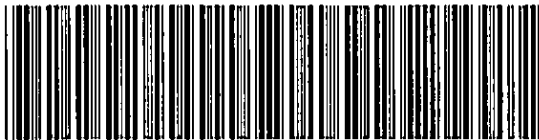
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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FILED
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SECRETARY OF STATE
TALLAHASSEE, FL

Handwritten initials and date: 1/22/21



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 1, 2020

SERGEI TITORENKO
630 SHERBROOKE STREET WEST, SUITE 910
MONTREAL, QUEBEC
CANADA, H3A 1E4,

SUBJECT: MURRAY FAMILY PARTNERSHIP
Ref. Number: W20000136097

We have received your document for MURRAY FAMILY PARTNERSHIP and your check(s) totaling \$1061.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The limited partnership name designated in the document is not available since it is the same as, or not distinguishable from the name of another entity on file with this office. Please select a new name and make the substitution in all the appropriate places.

The document number of the name conflict is L08000111332.

The document must contain the name and business address of each general partner.(Note: All non-individual general partners must have an active registration with the Florida Dept. of State.)

The registered agent must sign accepting the designation.

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: 420A00023984

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JAN 07 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MURRAY FAMILY 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:

SERGEI TITORENKO

Contact Person

LEVY SALIS LLP

Firm/Company

630 SHERBROOKE STREET WEST, SUITE 910

Address

MONTREAL, QUEBEC, CANADA, H3A 1E4

City, State and Zip Code

STTORENKO@LEVYSALIS.COM

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

For further information concerning this matter, please call:

SERGEI TITORENKO

514

940-8064

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$1,000.00 Filing Fee (\$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

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

SECRETARY OF STATE
TALLAHASSEE, FL

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

1. MURRAY FAMILY 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.

MURRAY CRESCENT FAMILY PARTNERSHIP

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. CANADA

3. May 24, 2013

State or Country of Formation

Date of Formation

4. Federal Employer Identification Number: APPLIED FOR

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

JEFFREY FEINBERG, ESQ.

4651 SHERIDAN STREET, SUITE 200

HOLLYWOOD, FLORIDA 33021

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:

6635 JANE STREET

BURLINGTON, ONTARIO, CANADA L7P 0J8

8. Mailing Address:

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: 2779227 ONTARIO INC.

Name of General Partner: _____

Street Address: 6635 JANE STREET

Street Address: _____

BURLINGTON, ONTARIO, CANADA

Mailing Address: L7P 0J8

Mailing Address: _____

Name of General Partner: _____

Name of General Partner: _____

Street Address: _____

Street Address: _____

Mailing Address: _____

Mailing Address: _____

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TALLAHASSEE, FL

Name of General Partner: _____ Name of General Partner: _____
 Street Address: _____ Street Address: _____

 Mailing Address: _____ Mailing Address: _____

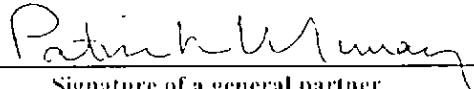
11. Effective date, if other than the date of filing: _____

(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 27th day of OCTOBER, 2020



 Signature of a general partner

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 TALLAHASSEE, FL

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: 025301666
Transaction ID: 77265354
Category ID: (B)CC/E

Province of Ontario
Ministry of Government Services

Date Report Produced: 2020/11/19
Time Report Produced: 13:52:06
Page: 1

Certified a true copy of the record on the Ontario Business Information System with respect to this registration/declaration under the *Business Names Act/Limited Partnerships Act*.

Barbara Duckitt

Registrar
Ministry of Government Services
Toronto, Ontario

LIMITED PARTNERSHIPS REPORT

Firm name registered under the *Limited Partnerships Act*

MURRAY FAMILY PARTNERSHIP

Business Identification Number

230560823

Business Type

LIMITED PARTNERSHIP

Mailing Address

6635 JANE STREET
BURLINGTON
ONTARIO
CANADA, L7P 0J8

General Nature of Business

REAL ESTATE INVESTMENT

Declaration Date

2013/05/31

Renewal Date

2018/08/01

Last Document Filed

CHANGE

Last Document Filed Date

2020/10/23

Former Names

NOT APPLICABLE

Address of Principal Place of Business in Ontario

6635 JANE STREET
BURLINGTON
ONTARIO
CANADA, L7P 0J8

Jurisdiction of Formation

ONTARIO

Expiry Date

2023/05/29

Change Date(s)

2020/10/23

Dissolution/Withdrawal Date

NOT APPLICABLE

Current Partnership Business Names Exist:

NO

Expired Partnership Business Names Exist:

NO

Date of Name Change

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