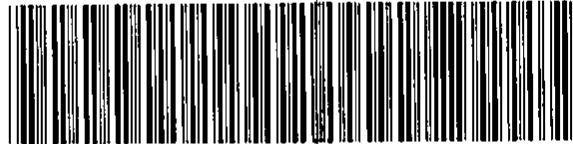


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000429193240

(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

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TALLAHASSEE, FLORIDA

2024 MAY -3 PM 2:59

RECEIVED

MAY 06 2024

K. Brumbley

Incorporating Services, Ltd.

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

incserv

**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 Moreau  
mmoreau@incserv.com  
850.656.7953

**REQUEST DATE** 5/2/2024

**PRIORITY** Regular Approval

**OUR REF # (Order ID#)** 1251879

**ORDER ENTITY**

DEDICATED SONCETO ORLANDO, LP

**PLEASE PERFORM THE FOLLOWING SERVICES:**

DEDICATED SONCETO ORLANDO, LP (FL)

File the attached foreign qualification document and provide a certified copy.

**NOTES:**

\$1,052.50 Authorized

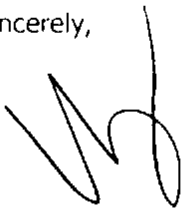
**RETURN/FORWARDING INSTRUCTIONS:**

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.

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DEDICATED SONCELO ORLANDO, 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:

Sandi Larsen

Contact Person

CLAS Information Services

Firm Company

1545 River Park Dr., Ste. 350

Address

Sacramento, CA 95815

City, State and Zip Code

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

For further information concerning this matter, please call:

Sandi Larsen

at 800 952-5696

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

\$1,000.00 Filing Fee     \$1,008.75 Filing Fees     \$1,052.50 Filing Fees     \$1,061.25 Filing Fee,  
(\$965 Filing Fee and    and Certificate of    and Certified Copy    Certified Copy, and  
\$35 Registered Agent    Status       Certificate of Status  
Fee)

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

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

1 DEDICATED SONCETO ORLANDO, LP

(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.P., or LLP

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 DELAWARE

3 05/01/2024

State or Country of Formation

Date of Formation

4. Federal Employer Identification Number \_\_\_\_\_

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

URS AGENTS, LLC

3458 Lakeshore Drive

Lakeland, FL 32312

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.

/s/ Shawn Linan Shawn Linan, Assisnant Secretary

Signature of Registered Agent

7. Principal Office:

970 Lawrence Ave. W., Suite 801

Toronto, Ontario M6A 3B6

Canada

8. Mailing Address:

970 Lawrence Ave. W., Suite 801

Toronto, Ontario M6A 3B6

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: Dedicated Sonceto Orlando GP, LLC

Street Address: 970 Lawrence Ave. W., Suite 801 Toronto, Ontario M6A 3B6 Canada

Mailing Address: 970 Lawrence Ave. W., Suite 801 Toronto, Ontario M6A 3B6 Canada

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

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

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

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

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

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

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

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

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

2024/05/07 - 3 PM 1:48

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

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

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

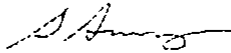
11. Effective date, if other than the date of filing: \_\_\_\_\_

*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 2nd day of May, 2024



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.

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

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DEDICATED SONCETO ORLANDO, 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 SECOND DAY OF MAY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DEDICATED SONCETO ORLANDO, LP" WAS FORMED ON THE FIRST DAY OF MAY, A.D. 2024.

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



3573153 8300

SR# 20241807606

You may verify this certificate online at [corp.delaware.gov/authver.shtm](http://corp.delaware.gov/authver.shtm)

A handwritten signature in black ink, appearing to read "Jeffrey W. Bullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203383542

Date: 05-02-24