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| (Re | equestor's Name) | | | |
|---|------------------|-------------|--|--|
| (Address) | | | | |
| . (Ac | idress) | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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DEPARTMENT OF STAT

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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:

5/25/16

NAME:

DEDICATED WEST PALM BEACH, LP

TYPE OF FILING: APPLICATION

COST:

1,052.50 - CHECK IS ATTTACHED

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCAUDIO00015.

AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

TO:

Registration Section Division of Corporations

DEDICATED WEST PALM BEACH, 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 | |
| mzoltv@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

Fce)

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

I. DEDICATED WEST PALM BEACH, 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.L.P. or LLLP.

| | Florida; must contain acceptable suffix. |
|---|---|
| 2. Delaware | 3.04/20/2016 |
| 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: |
| NRAI Services, Inc. | |
| 1200 South Pine Island Road | |
| Plantation, FL 33324 | |
| of all statutes relative to the proper and complete p niy position as registered agent. | at and agree to act in this capacity. I further agree to comply with the provisions of the formance of my duiles, and I am familiar with and accept the obligations of the control of the |
| 7. Principal Office: | 8. Mailing Address: |
| 2788 Bathurst Street, Suite 301 | 2788 Bathurst Street, Suite 301 |
| Toronto, ON M6B 3A3 | Toronto, ON M6B 3A3 |
| Canada | Canada SS 25 |
| 9. If limited partnership is a limited liability limited | d partnership, check box . |
| 10. Name, principal office address, and malling add | dress of each general partner: |
| Name of General Partner: Dedicated West Pam Be | each GP, LLC Name of General Partner: |
| Street Address: 2788 Bathurst Street, S | Suite 301 Street Address: |
| Toronto, ON M6B 3A3 | 3 Canada |
| Mailing Address: 2788 Bathurst Street, S | Suite 301 Mailing Address: |
| Toronto, ON M6B 3A3 | |
| | |
| Name of General Partner: | Name of General Partner: |
| | Name of General Partner: |
| | |

| Name of General Partner: | Page 1 of 2 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 | s after the date this document is filed by | the Florida Department of State.) |
| 12. Attached is a certificate of existence duly authentical Florida Department of State, by the Secretary of State of the law of which it is organized. Signed this | and ture of a general partner | tity's records in the jurisdiction under |
| Filing Fees: Certified Copy (optional): Certificate of Status (optional): | \$1,000.00 (\$965 Filing Fee and \$52.50 \$8.75 | • |
| | Page 2 of 2 | 16 MAY 25 AH II: 53 |

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "DEDICATED WEST PALM BEACH, 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-FIFTH DAY OF MAY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DEDICATED WEST PALM BEACH, LP" WAS FORMED ON THE TWENTIETH DAY OF APRIL, A.D. 2016.

Authentication: 202379946

Date: 05-25-16