

A13000000081

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H13000036019 3)))



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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850) 222-1173
Fax Number : (850) 224-1640

002919.181036

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DIVISION OF CORPORATIONS

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LP/LLP
GREAT INDIAN SHORES LIMITED PARTNERSHIP

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$1,000.00

G. LEWIS
FEB 15 2013
EXAMINER

File Second, after fax audit #H1300003601163

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**CERTIFICATE OF LIMITED PARTNERSHIP
FOR
FLORIDA LIMITED PARTNERSHIP
OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. Great Indian Shores 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.

2. 3751 Victoria Park Ave.

(Street address of initial designated office)

Toronto, ON M1W 3Z4

3. NRAI Services, Inc.

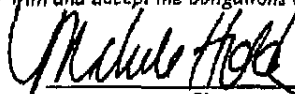
(Name of Registered Agent for Service of Process)

4. 515 East Park Avenue

(Florida street address for Registered Agent)

Tallahassee, FL 32301

5. 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.



Michele Holden,
Asst. Secretary

Signature of Registered Agent

6. 3751 Victoria Park Ave.

(Mailing address of initial designated office)

Toronto, ON M1W 3Z4

7. If limited partnership elects to be a limited liability limited partnership, check box ☐

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8. Name and business address of each general partner:

Name:

Business Address:

GGH Manager LLC

3751 Victoria Park Ave.

M13000000980

Toronto, ON M1W 3Z4

9. Effective date, if other than the date of filing:

(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)

Signed this 13th day of February, 2013

Signature of each general partner: I/We submit this document and affirm that the facts stated herein are true. I/We am/are aware that any 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.

By:

Hany Rosenbaum, as Manager

Filing Fees:

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

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