

# A13000000081

## Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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((H13000036019 3)))



H130000360193ABCX

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

From: Account Name : CORPDIRECT AGENTS, INC.  
 Account Number : 1104E0000714  
 Phone : (850) 222-1173  
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052919.181036

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### FLORIDA/FOREIGN LP/LLP GREAT INDIAN SHORES LIMITED PARTNERSHIP

G LEWIS  
FEB 15 2013  
EXAMINER

Certificate of Status	0
Certified Copy	0
Page Count	03
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CT CORPORATION\*  
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H13000036019 3

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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)

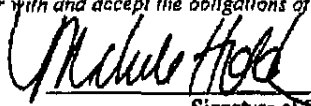
Toronto, ON M1W 3Z4

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

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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