

A130000000155

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000058622 3)))



H130000586223ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

RECEIVED

13 MAR 25 AM 6:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

Should have been filed 3/13

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

Email Address: _____

FLORIDA/FOREIGN LP/LLP
EKMA LP

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$1,052.50

*File 2nd After Qualification
Backyard Enterprises Inc*

Re-Send

Electronic Filing Menu

Corporate Filing Menu

Help

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

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

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

Email Address: _____

FLORIDA/FOREIGN LP/LLLP
EKMA LP

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$1,052.50

File 2nd
After
Qualification
Backyard
Enterprises Inc

Electronic Filing Menu Corporate Filing Menu Help

<https://efile.sunbiz.org/scripts/efilcovr.exe>

3/13/2013

03/13 15:10
6176383
00:00:39
04
OK
STANDARD
ECM

DATE, TIME
FAX NO./NAME
DURATION
PAGE(S)
RESULT
MODE

TIME : 03/13/2013 15:10
NAME : CT CORPORATION
FAX : 8656336092
TEL : 8653423622
SER.# : BROK9J985188

TRANSMISSION VERIFICATION REPORT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EKMA LP

Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

Keeley Weir

Contact Person

Mark A. Feigenbaum

Firm/Company

#201-1137 Centre Street

Address

Thornhill, ON L4J 3M6

City, State and Zip Code

keeley@feigenbaumlaw.com

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

For further information concerning this matter, please call:

Keeley Weir

at (905

) 695-1269

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 \$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 Fees, Certified Copy, and Certificate of Status

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

CR2E030 (01/06)

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

1. EKMA 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.

2. 11 Mica Court, Richmond Hill, Ontario, L4C 0J5 Canada
(Street address of initial designated office)

3. CT Corporation System
(Name of Registered Agent for Service of Process)

4. 1200 South Pine Island Road
(Florida street address for Registered Agent)
Plantation, Florida 33324

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.

By: CT Corporation System Debbie Diaz
Signature of Registered Agent Assistant Secretary

6. _____
(Mailing address of initial designated office)

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

Page 1 of 2

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 MAR 13 PM 2:34

8. Name and business address of each general partner:

Name:

Business Address:

Backyard Enterprises Inc.

11 Mica Court

Richmond Hill, Ontario, L4C 0J5 Canada

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 11th day of March, 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.

Backyard Enterprises Inc., General Partner by: [Signature], Director.

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

Page 2 of 2

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 MAR 13 PM 2:34