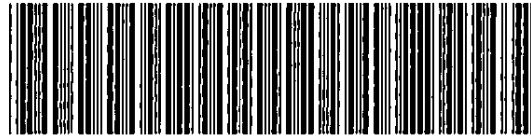


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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~~Request~~
Walker

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J. SAULSBERRY
EXAMINER
JUL 12 2013

**CORPORATE
ACCESS,
INC.**

"When you need ACCESS to the world"

236 East 6th Avenue . Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

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1. Euro TRE Group LP
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

SPECIAL INSTRUCTIONS:

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

1. Euro Tre Group, 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. 2637 E. Atlantic Blvd. # 21910
(Street address of initial designated office)

Pompano Beach, FL 33062

3. Matthew Bell
(Name of Registered Agent for Service of Process)

4. 109 Ambersweet Way, #401
(Florida street address for Registered Agent)

Davenport, FL 33897

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.*



Signature of Registered Agent

6. 2637 E. Atlantic Blvd. # 21910, Pompano Beach, FL 33062
(Mailing address of initial designated office)

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

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71300002832

8. Name and business address of each general partner:

Name:

Business Address:

8528101 Canada, Inc.

74 rue D'Alexandrie

Laval, Quebec H7K 0B3 Canada

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

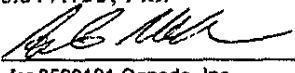
(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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Signed this 25 day of June, 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.



for 8528101 Canada, Inc

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75