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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

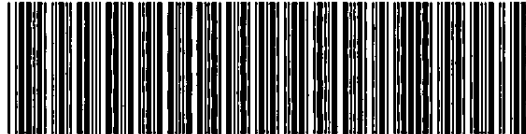
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MSR 26th AVE LLLP

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:

Prabodh C. Patel, Esquire

Contact Person

Straus & Patel, P.A.

Firm/Company

118 West Orange Street

Address

Altamonte Springs, FL 32714

City, State and Zip Code

lpathe@strauspatel.com

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

For further information concerning this matter, please call:

Prabodh C. Patel, Esquire at (407) 331-5505

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> \$1,000.00 Filing Fees
(\$965 Filing Fee and
\$35 Registered Agent
Fee) | <input type="checkbox"/> \$1,008.75 Filing Fees
and Certificate of
Status | <input type="checkbox"/> \$1,052.50 Filing Fees
and Certified Copy | <input checked="" type="checkbox"/> \$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

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TALLAHASSEE, FL 32304

STRAUS & PATEL, P.A.

ATTORNEYS AND COUNSELORS AT LAW

118 WEST ORANGE STREET
ALTAMONTE SPRINGS, FL 32714

TELEPHONE: (407) 331-5505
FACSIMILE: (407) 331-6308

November 19, 2014

Division of Corporations
Registration Section
Post Office Box 6327
Tallahassee, FL 32314

RE: MSR 26th Ave LLLP

Dear Sir

Enclosed please find the original Certificate of Limited Partnership for MSR 26th Ave LLLP for filing, together with our firm's trust check in the amount of \$1,061.25 for the filing fee, certified copy and certificate of status.

Please forward the certified copy and certificate of status after filing. Thank you for your assistance in this matter.

Very truly yours,



Prabodh C. Patel

PCP:lpa
Enclosures

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. MSR 26th Ave LLLP

(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. 118 West Orange Street

(Street address of initial designated office)

Altamonte Springs, FL 32714

3. Prabodh C. Patel, Esquire

(Name of Registered Agent for Service of Process)

4. 118 West Orange Street

(Florida street address for Registered Agent)

Altamonte Springs, FL 32714

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. 118 West Orange Street

(Mailing address of initial designated office)

Altamonte Springs, FL 32714

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

8. Name and business address of each general partner:

Name:

Business Address:

Pradeep Matharoo

30 East Beaver Creek, Suite 119

Richmond, Ontario L4B 1J2 Canada

Narinder Seehra

30 East Beaver Creek, Suite 119

Richmond, Ontario L4B 1J2 Canada

Sachindev Gaya

30 East Beaver Creek, Suite 119

Richmond, Ontario L4B 1J2 Canada


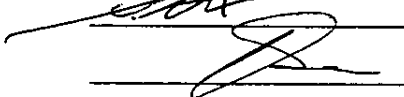
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TALLAHASSEE, FLORIDA

9. Effective date, if other than the date of filing: 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 18th day of November, 2014

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.

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75