

A1500000559

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

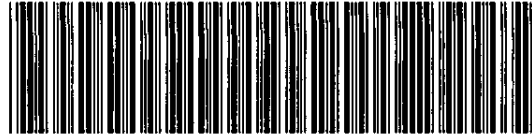
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2015 SEP - 9 PM 2: 23  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

SEP 11 2015  
J. HARRIS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MND PROPERTIES FL, 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:

RUTH NORGAN

Contact Person

YOUR ENTITY SOLUTION, LLC

Firm/Company

6440 SKY POINTE DR STE 140-106

Address

LAS VEGAS NV 89131

City, State and Zip Code

RUTH@YOURENTITYSOLUTION.COM

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

For further information concerning this matter, please call:

RUTH NORGAN at ( 702 ) 506-0191

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

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

1. MND PROPERTIES FL, 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. 5184 BOUL COUSINEAU STE 156, ST HUBERT, QC J3Y 0E1, CANADA

(Street address of initial designated office)

3. PARACORP INCORPORATED

(Name of Registered Agent for Service of Process)

4. 155 OFFICE PLAZA DR, 1ST FL, TALLAHASSEE, FL 32301

(Florida street address for Registered Agent)

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.*

*Sharon Cole, Asst Secretary*  
Signature of Registered Agent

6. 5184 BOUL COUSINEAU STE 156, ST HUBERT, QC J3Y 0E1, CANADA

(Mailing address of initial designated office)

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:

MICHAEL HEBERT

5184 BOUL COUSINEAU STE 156

ST HUBERT, QC J3Y 0E1, CANADA

ANTONINA LAGIORGIA

5184 BOUL COUSINEAU STE 156

ST HUBERT, QC J3Y E1, 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 1ST day of SEPTEMBER, 2015

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.

Michael Hebert  
Antonina Lagiorgia

Michael Hebert  
[Signature]

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**Filing Fees:** \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)  
**Certified Copy (optional):** \$52.50  
**Certificate of Status (optional):** \$8.75