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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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Date: 02/01/2016 Account #: I20000000088

Name: Michelle Walker

Reference #: M077687

ENTITY NAME: HOME & PROPERTY INSIGHTS, LLLP

- [x] Articles of Incorporation/Authorization to Transact Business
- [ ] Amendment
- [ ] Annual Report
- [ ] Change of Agent
- [ ] Reinstatement
- [ ] Conversion
- [ ] Merger
- [ ] Dissolution/Withdrawal
- [ ] Fictitious Name
- [ ] Other: _____

Authorized Amount: $ 1000

Signature: Michelle Walker

115 North Calhoun Street, Suite #4, Tallahassee, FL 32301
Telephone: (866) 625-0838 Fax: (866) 625-0839 International +1 (212) 947-7200
E-Mail: *info@nationalcorp.com* **Website:** *www.nationalcorp.com*

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

1. HOME & PROPERTY INSIGHTS, 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. 4780 WHISPERING WILLOW DR, NAVAN, ON K4B 1J1
(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.*

L. Burleson Laticia Burleson Asst. Secretary
Signature of Registered Agent

6. 4780 WHISPERING WILLOW DR, NAVAN, ON K4B 1J1
(Mailing address of initial designated office)

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:
HPI2016 INC.	4780 WHISPERING WILLOW DR
	NAVAN, ON K4B 1J1, CANADA

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TALLAHASSEE, FLORIDA

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 20TH day of JANUARY, 2016.

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.

STEPHANE DEBOER, President, HPI2016 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**