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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC

Account Number : 110432003053 : (561)694-8107 Phone Fax Number 2 (561)694-1639

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

gmail Address:

## FLORIDA/FOREIGN LP/LLLP LAKEWOOD RANCH GP, LP

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T. CLINE

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## CERTIFICATE OF LIMITED PARTNERSHIP FOR FLORIDA LIMITED PARTNERSHIP LIMITED LIABILITY LIMITED PARTNERSHIP

LAKEWOOD RANCH GP, 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. 400 Clematis Street, Suite 201, West Palm Beach, FL 33401
(Street address of initial designated office)
3. Corporate Creations Network Inc.
(Name of Registered Agent for Service of Process)
4 11380 Prosperity Farms Road #221E, Polm Beach Gardens, FL 33410
(Florida street address for Registered Agent)
5. I hereby accept the appointment as rugistered agent and agree to act in this capacity. I further agree to comp with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familia with and accept the obligations of my position as registered agent.
Joseph Panholzer, Special Secretary
Signature of Registered Agent
6. 2851 John Street, Suite One, Markham, Ontario L3R 5R7
(Mailing address of initial designated office)
7. If limited partnership elects to be a limited liability limited partnership, check box:

Page 1 of 2

<ol> <li>Name and business address of c Name;</li> </ol>	ach general partner: <u>Business Address:</u>	
NADG (US) GENERAL PARTNER, INC.	C. 2851 John Street, Suite	e One
F17-4616	Markham, Ontario L3	R 5R7
<ol> <li>Effective date, if other than the a (Effective date cannot be prior to nother: Florida Department of State.)</li> <li>Note: If the date inserted in this bloth this date will not be listed as the do</li> </ol>	or more than 90 days after the ock does not meet the applical cument's effective date on the	ble statutory filing requirements.
Signed this 4th Signature of each general partner: Is herein are true. I/We am/are aware Department of State constitutes a th	We submit this document an that any false information sub	d affirm that the facts stated bmitted in a document to the d for in s.817.155, F.S.
	Per: Robert S. Gween, V	VP, Becretary, Treasurer
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$52.50 \$8.75 Page 2 of 2	d \$35 Registered Agent Fee)  ASSCEL FILE  PM