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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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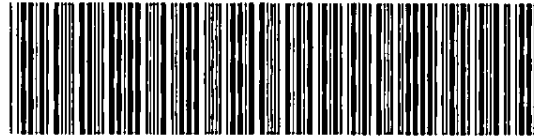
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE OF ILLINOIS
TALLMADGE LORIDA

n. BRUCE
FEB 05 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Highland Lakes (US) Limited Partnership
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:

Stephen Briggs

Contact Person

c/o Jax II GP, Inc.

Firm/Company

12 Ames Crescent

Address

Aurora, ON CA L4G 0C3

City, State and Zip Code

sbriggs@quantum-mgmt.com

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

For further information concerning this matter, please call:

Stephen Briggs

at (905) 841-3373

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$1,000.00 Filing Fees (S965 Filing Fee and S35 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

CR2E030 (6/17)

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TALLAHASSEE, FL
SECRETARY OF STATE

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

1. HIGHLAND LAKES (US) LIMITED PARTNERSHIP

(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 L.L.L.P.

2. 12 AMES CRESCENT

(Street address of initial designated office)

AURORA, ON CA L4G 0C3

3. CHESTNUT BUSINESS SERVICES, LLC

(Name of Registered Agent for Service of Process)

4. 333 3RD AVENUE NORTH, SUITE 200

(Florida street address for Registered Agent)

ST. PETERSBURG, FLORIDA 33701

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.

Wg
Signature of Registered Agent

6. 12 AMES CRESCENT

(Mailing address of initial designated office)

AURORA, ON CA L4G 0C3

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

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CLERK OF COURT
TALLAHASSEE FLORIDA

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8. Name and business address of each general partner:

Name:

Business Address:

JAX II GP, INC.

12 AMES CRESCENT

AURORA, ON CA L4G 0C3

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STATE OF FLORIDA
TALLAHASSEE

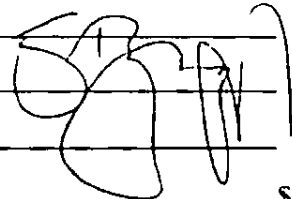
9. Effective date, if other than the date of filing: _____

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

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signed this 23rd day of JANUARY, 2019

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.



S. B. RIGGS PRES.

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75