

A19000000198

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

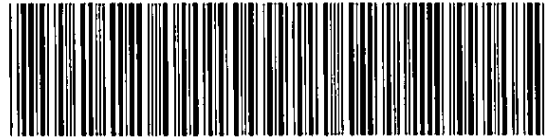
(Business Entity Name)

(Document Number)

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

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2019 MAY 17 PM 3:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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19 MAY 17 AM 10:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 20 2019  
M. SOLOMON

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 771234 7529172

AUTHORIZATION :

*[Signature]*

COST LIMIT : \$1000.00

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ORDER DATE : May 16, 2019

ORDER TIME : 9:09 AM

ORDER NO. : 771234-005

CUSTOMER NO: 7529172  
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DOMESTIC FILING

NAME: GREAT RIVERSTONE LP

EFFECTIVE DATE:

\_\_\_\_ ARTICLES OF INCORPORATION  
XX \_\_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP  
\_\_\_\_ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner - EXT.

EXAMINER'S INITIALS: \_\_\_\_\_

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

1. GREAT RIVERSTONE 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 L.L.L.P.*

2. 3751 Victoria Park Avenue

(Street address of initial designated office)

Toronto, Ontario, Canada, M1W 3Z4

3. Corporation Service Company

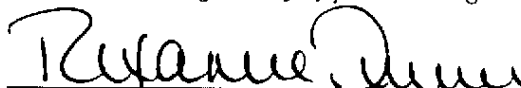
(Name of Registered Agent for Service of Process)

4. 1201 Hays Street

(Florida street address for Registered Agent)

Tallahassee, FL 32301

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

Roxanne Turner  
Asst. Vice President

6. 3751 Victoria Park Avenue

(Mailing address of initial designated office)

Toronto, Ontario, Canada, M1W 3Z4

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:

GREAT RIVERSTONE GP INC.

3751 Victoria Park Avenue

Toronto, Ontario, Canada, M1W 3Z4

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SECRETARY OF STATE  
CLERK OF COURTS  
TALLAHASSEE, FLORIDA

2019 MAY 17 PM 3:06

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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 16th day of May, 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.

GREAT RIVERSTONE GP INC.

Per: Harry Rosenbaum, Secretary

**Filing Fees:**

**Certified Copy (optional):**

**Certificate of Status (optional):**

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

**\$52.50**

**\$8.75**