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Florida Department of State
Division of Corporations
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA/FOREIGN LP/LLLP
101 PARK PLACE CAN LP

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

1. 101 PARK PLACE CAN, 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. 16047 COLLINS AVENUE, #2103

(Street address of initial designated office)

SUNNY ISLES BEACH, FL 33160

3. LOUIS COLA

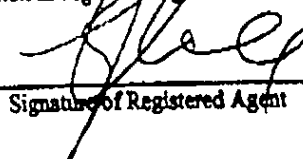
(Name of Registered Agent for Service of Process)

4. 16047 COLLINS AVENUE, #2103

(Florida street address for Registered Agent)

SUNNY ISLES BEACH, FL 33160

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

6. 16047 COLLINS AVENUE, #2103

(Mailing address of initial designated office)

SUNNY ISLES BEACH, FL 33160

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:

HACOLL CANADA, INC.

274 BATES RD.

a Canadian corporation authorized to transact
business in Florida

MONT-ROYAL, QUEBEC H3S 1A3 CANADA

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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.)

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Signed this 3RD day of FEBRUARY, 2021

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.

By: _____

George Hassan, President

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

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