

A21000000442

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

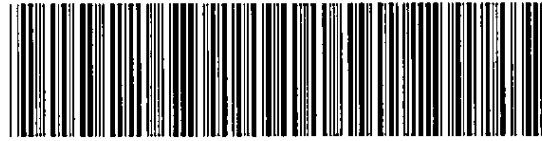
(Business Entity Name)

(Document Number)

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

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2021 AUG 19 AM 8:09

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2021 AUG 19 PM 3:02

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Incorporating Services, Ltd.

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@incserv.com



**ORDER FORM**

**TO:** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corpshelp@dos.myflorida.com  
850-245-6051

**FROM:** Melissa Moreau  
mmoreau@incserv.com  
850.656.7953

**REQUEST DATE:** 8/19/2021

**PRIORITY:** Regular Approval

**OUR REF.# (Order ID#):** 944947

**ORDER ENTITY:**  
CLARIDGE HOMES (115 NE 2ND STREET) LP

**PLEASE PERFORM THE FOLLOWING SERVICES:**  
CLARIDGE HOMES (115 NE 2ND STREET) LP ( FL)

Please file the attached articles and provide a certified copy.

**NOTES:**  
\$1,052.50 Authorized  
Email address for annual report reminders: shagen@harpermeyer.com

**RETURN/FORWARDING INSTRUCTIONS:**  
ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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

1. Claridge Homes (115 NE 2nd Street) 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. Suite 2000 - 210 Gladstone Avenue

(Street address of initial designated office)

Ottawa, Ontario Canada K2 PO Y6

3. Law Center of the Americas, LLC

(Name of Registered Agent for Service of Process)

4. 201 South Biscayne Boulevard

(Florida street address for Registered Agent)

Suite 800, Miami, Florida 33131

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. Suite 2000 - 210 Gladstone Avenue

(Mailing address of initial designated office)

Ottawa, Ontario Canada K2 PO Y6

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

8. Name and business address of each general partner:

Name:

Business Address:

Claridge Homes (115 NE 2nd Street) LLC

Suite 2000 - 210 Gladstone Avenue

Ottawa, Ontario Canada K2 P O Y6

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.

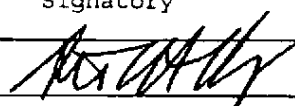
Signed this 19th day of August, 2021

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.

Claridge Homes (115 NE 2nd Street) LLC

By: Steven H. Hagen, Authorized

Signatory



Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75