Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210003207173)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

Email Address:_

**2nd resubmission*

FLORIDA/FOREIGN LP/LLLP NADG Interests (SW 152) LP

Certificate of Status	1
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Page Count	03
Estimated Charge	\$1,061.25

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Corporate Filing Menu

Help

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

NADG INTERESTS (SW 152) 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		
(Street address of initial designated office)		
West Palm Beach, FL 33401		
3. Corporate Creations International Inc.		
(Name of Registered Agent for Service of Process)		
44		
(Florida street address for Registered Agent)		
North Palm Beach, FL 33408		
5. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to with the provisions of all statutes relative to the proper and complete performance of my duties, and Lam fa with and accept the obligations of my position as registered agent.	20 milian EP 1	200 8 200 200 200 200 200 200 200 200 200 20
Ashley Goldsmith, Special Secretary	2 AM	5 3 5
Signature of Registered Agent ന്ന		
2851 John Street, Suite One, Markham, Ontario L3R 5R7	9: 16	
(Mailing address of initial designated office)	် က	
-		
7. If limited partnership elects to be a limited liability limited partnership, check box [].		

Page 1 of 2

8. Name and business address of each general partner: Name: Business Address:		
NADG (US) GENERAL PARTNER, INC	2851 John Street, 5	Suite Onc
	Markham, Ontario	L3R 5R7
		_
	,, 	
9. Effective date, if other than the (Effective date cannot be prior to n the Florida Department of State.) Note: If the date inserted in this blothis date will not be listed as the do	or more than 90 days afte ock does not meet the appl	icable statutory filing requirement
Signed this 26th	day of	2021
Signature of each general partner: I herein are true. I/We am/are aware Department of State constitutes a the	that any false information	submitted in a document to the
	NADG (US) GENE	RAL PARTNER, INC., General Partner
	By: Michael Cro	sby, Vice President
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fe \$52.50 \$8.75 Page 2 of 2	e and \$35 Registered Agent Fee)