

A21000000563

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

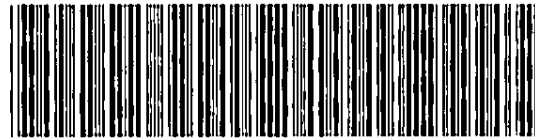
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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Via Email 10/12/2021
KS

421-117051 Date

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09/25/21--01011--006 **1061.25

FILED

2021 OCT 12 PM 4:22

FILED

K. SALY
OCT 12 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 25, 2021

BRADLEY THOMPSON
ALTRO LLP
155 UNIVERSITY AVE, STE. 300
TORONTO, ONTARIO, M5H-3B7 CA

SUBJECT: ORAD HOLDINGS LIMITED PARTNERSHIP
Ref. Number: W21000117051

We have received your document for ORAD HOLDINGS LIMITED PARTNERSHIP and your check(s) totaling \$1061.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 521A00020501



ALTRO
LLP
US & CANADIAN ATTORNEYS, NOTARIES
AND LEGAL COUNSEL

October 12, 2021

BY EMAIL

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL, 32314

RE: ORAD HOLDINGS LIMITED PARTNERSHIP
Matter No. 00493 (Second request)

We would like to form a Florida limited partnership under the name ORAD HOLDINGS LIMITED PARTNERSHIP. Accordingly, we enclose the following:

ORAD HOLDINGS LIMITED PARTNERSHIP

1. Cover Letter;
2. Certificate of Limited Partnership for Florida Limited Partnership;

The cheque has been sent to your office by mail along with the request to register EXADOR INTERNATIONAL, INC.

As this matter is time sensitive, I am hoping that you will be able to process the enclosed as soon as possible. That said, please let me know if you require any additional information to assist with this process.

Should you have any questions, please feel free to contact me at 416-477-8161.

Thanks in advance.

ALTRO LLP

Yana Timokhova

Yana Timokhova
Law Clerk

Encls.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ORAD HOLDINGS 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:

Bradley Thompson

Contact Person

Altro LLP

Firm/Company

155 University Avenue, Suite 300

Address

Toronto, Ontario, M5H 3B7

City, State and Zip Code

bthompson@altrolaw.com

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

For further information concerning this matter, please call:

Bradley Thompson

at (514) 940-8074

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

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

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2021 OCT 12 PM 4:22
TALLAHASSEE FL 09107

1. ORAD HOLDINGS 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.P., or LLLP.

2. 601 Casey Key Road, Nokomis, Florida, 34275
(Street address of initial designated office)

3. Orest Kostruba
(Name of Registered Agent for Service of Process)

4. 601 Casey Key Road, Nokomis, Florida, 34275
(Florida street address for Registered Agent)

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.*

/s/Orest Kostruba
Signature of Registered Agent

6. 601 Casey Key Road, Nokomis, Florida, 34275
(Mailing address of initial designated office)

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

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ALACHUA COUNTY FLORIDA

8. Name and business address of each general partner:

Name:

Business Address:

EXADOR INTERNATIONAL, INC.

601 Casey Key Road

Nokomis, Florida, 34275

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 12th day of October, 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.

/s/ Orest Kostruba

Orest Kostruba, President of

EXADOR INTERNATIONAL, INC.

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75