A2200000086

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
, <i>,</i> , , , , , , , , , , , , , , , , ,
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiliess Effity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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02/01/22--01035--033 **10B1.23



T. LEMIEUX FEB 15 2022

COVER LETTER

TO:	_	tration Section on of Corporations									
SUBJI	ECT:	Christopher Dowling	Golden Bear Ll	?							
	Name of Florida Limited Partnership or Limited Liability Limited Partnership										
The en	closed	Certificate of Limited	Partnership and	l fees a	are submitted for filing.						
Please	return	all correspondence cor	ncerning this ma	atter to	0:						
Ryan	Roberts	son									
			Name of F	Person							
Altro L	LP					_					
			Firm/Comp	pany							
155 Un	iversity	Avenue, Suite 300									
			Addre	SS							
Toronto	o, Ontari	o, M5H 3B7				_					
	_	-	City/State ал	d Zip o	code						
rrober	tson@a	ltrolaw.com				_					
		E-mail addre	ess: (to be used fo	or futur	re annual report notification)						
For fur	ther info	ormation concerning this	matter, please ca	all:							
Ryan :	Roberts	on	at (416)	477-8165						
	Name	of Person	Area Code		Daytime Telephone Number						
Enclos	ed is a	check for the following	g amount:								
(\$96	5 Filing Register	iling Fees \$1,008.75 Fi Fee and and Certificat red Agent Status			Filing Fees \$1,061.25 Filing Fees, ied Copy Certified Copy, and Certificate of Status						
Registr Division Clifton 2661 E	ration Son of Con Build	DDRESS: Section corporations ing ve Center Circle FL 32301		Regis Divis P. O.	ILING ADDRESS: istration Section sion of Corporations . Box 6327 ahassee, FL 32314						

CR2E030 (6/17)

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

christopher Dowling Golden Bear LP ne of Limited Partnership or Limited Liability Limited Partnership, which must include suffix	
vership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability (es: Limited Liability Limited Partnership, L.L.L.P. or LLLP.	Limited Partnership
901 4th St N STE 300, St. Petersburg, FL 33702, USA	
(Street address of initial designated office)	
Northwest Registered Agent LLC (Name of Registered Agent for Service of Process)	
901 4th St N STE 300, St. Petersburg, FL 33702, USA	
(Florida street address for Registered Agent)	
the provisions of all statutes relative to the proper and complete performance of my	
I hereby accept the appointment as registered agent and agree to act in this capacity the provisions of all statutes relative to the proper and complete performance of my and accept the obligations of my position as registered agent.	
the provisions of all statutes relative to the proper and complete performance of my and accept the obligations of my position as registered agent.	
the provisions of all statutes relative to the proper and complete performance of my and accept the obligations of my position as registered agent. /s/ Tom Glover	
the provisions of all statutes relative to the proper and complete performance of my and accept the obligations of my position as registered agent. /s/ Tom Glover Signature of Registered Agent	
the provisions of all statutes relative to the proper and complete performance of my and accept the obligations of my position as registered agent. /s/ Tom Glover Signature of Registered Agent 409-4040 Upper Middle Road, Burlington, Ontario, Canada, L7M 0H2	
the provisions of all statutes relative to the proper and complete performance of my and accept the obligations of my position as registered agent. /s/ Tom Glover Signature of Registered Agent 409-4040 Upper Middle Road, Burlington, Ontario, Canada, L7M 0H2 (Mailing address of initial designated office)	duties, and I am fo
the provisions of all statutes relative to the proper and complete performance of my and accept the obligations of my position as registered agent. /s/ Tom Glover Signature of Registered Agent 409-4040 Upper Middle Road, Burlington, Ontario, Canada, L7M 0H2	duties, and I am fo
the provisions of all statutes relative to the proper and complete performance of my and accept the obligations of my position as registered agent. /s/ Tom Glover Signature of Registered Agent 409-4040 Upper Middle Road, Burlington, Ontario, Canada, L7M 0H2 (Mailing address of initial designated office)	duties, and I am fo
the provisions of all statutes relative to the proper and complete performance of my and accept the obligations of my position as registered agent. /s/ Tom Glover Signature of Registered Agent 409-4040 Upper Middle Road, Burlington, Ontario, Canada, L7M 0H2 (Mailing address of initial designated office) If limited partnership elects to be a limited liability limited partnership	duties, and I am for
the provisions of all statutes relative to the proper and complete performance of my and accept the obligations of my position as registered agent. /s/ Tom Glover Signature of Registered Agent 409-4040 Upper Middle Road, Burlington, Ontario, Canada, L7M 0H2 (Mailing address of initial designated office) If limited partnership elects to be a limited liability limited partnership	duties, and I am for

8. Name and business address of each general partner: Name: Business Address:					
1000091909 ONTA	RIO INC.	7	901 4th St N, Ste 300		
			t. Petersburg, Florida,	33702	
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		-			
		_			
o rot at the	*C .4 .4		-	<u> </u>	
the Florida Dep	annot be prior artment of Stat	to nor more the e.)	n 90 days after th	e date the document is file	
				e Department of State's re	
Signed this _	25th	day of	January	2022	
herein are true. I	/We am/are av	vare that any fal	se information sul	d affirm that the facts state omitted in a document to the for in s.817.155, F.S.	
/s/ Christoph	er Dowling		hristopher Dowling,	President of	
			000091 <u>909 ONTARI</u>	O INC.	
Filing Fees:			0 (\$965 Filing Fee an	d \$35 Registered Agent Fee)	
Certified Copy Certificate of St		\$52.50	. •	· · · · · · · · · · · · · · · · · · ·	

Page 2 of 2