

**A 25000000164**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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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:** \_\_\_\_\_

**FLORIDA/FOREIGN LP/LLP**

**NADG Sekai LP**

|                       |            |
|-----------------------|------------|
| Certificate of Status | 1          |
| Certified Copy        | 1          |
| Page Count            | 03         |
| Estimated Charge      | \$1,061.25 |

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**S. HAWKES**

**MAR - 2021**

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Corporate Filing Menu

Help

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

1. NADG SEKAI 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 L.LLP.

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)

4. 801 US Highway 1

(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 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.



Ashley Perkins, Special Secretary

Signature of Registered Agent

6. 2851 John Street, Suite One, Markham, Ontario L3R 5R7

(Mailing address of initial designated office)

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:

NADG (US) GENERAL PARTNER, INC.

2851 John Street, Suite One

Markham, Ontario L3R 5R7

## 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 15th day of March, 2022

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.

x

NADG (US) GENERAL PARTNER, INC., General Partner

By: Michael Crosby, Vice President

**Filing Fees:****Certified Copy (optional):****Certificate of Status (optional):****\$1,000.00** (\$965 Filing Fee and \$35 Registered Agent Fee)**\$52.50****\$8.75**