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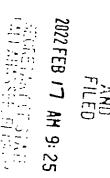
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: South Doll Limited Partner	ship
	Partnership or Limited Liability Limited Partnership
The enclosed Certificate of Limited Partn	ership and fees are submitted for filing.
Please return all correspondence concerni	ng this matter to:
Ryan Robertson	
	Name of Person
Altro LLP	
	Firm/Company
155 University Avenue, Suite 300	
	Address
Toronto, Ontario, M5H 3B7	
C	ity/State and Zip code
rrobertson@altrolaw.com	
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter	r, please call:
Ryan Robertson at (416) 477-8165
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amo	ount:
\$1,000.00 Filing Fees \$1,008.75 Filing Fee and \$35 Registered Agent Fee) \$1,008.75 Filing Fee and Certificate of Status	sees \$\bigsim \\$1,052.50\$ Filing Fees, and Certified Copy Certified Copy, and Certificate of Status
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P. O. Box 6327 Tallahassee, FL 32314
Tallahassee, FL 32301	i diddiddice, i D D2514

CR2E030 (6/17)

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

7901 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)	
7901 4th St N STE 300, St. Petersburg, FL 33702, USA	
(Florida street address for Registered Agent)	
(Mailing address of initial designated office)	
If limited partnership elects to be a limited liability limited partnership, check box 1.5	1 2022 FFR
7' - 'hh	(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) I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to a the provisions of all statutes relative to the proper and complete performance of my duties, and I am fair and accept the obligations of my position as registered agent. /s/ Tom Glover Signature of Registered Agent 3161 Westmount Place, West Vancouver, British Columbia, V7V 3G4, Canada (Mailing address of initial designated office)

8. Name and business address of e. Name:	_	Business Address:		
1347608 B.C. LTD. Corporation	7901 4th St N, Ste 300			
		St. Petersburg, Florida, 33702		
				
		····		
	•			
		-		
	<u> </u>			
9. Effective date, if other than the a (Effective date cannot be prior to n the Florida Department of State.) Note: If the date inserted in this blot this date will not be listed as the do	oor more th ock does n	nan 90 days after the ot meet the applica	ble statutory filing requirements	
Signed this14th	day of_	February	2022	
Signature of each general partner: I herein are true. I/We am/are aware Department of State constitutes a the	I/We subm that any fa	uit this document ar alse information su	bmitted in a document to the	
/s/ Sean Dollinger		Sean Dollinger, Presid	lent of	
	<u> </u>	1347608 B.C. LTD. Corporation		
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000. \$52.50 \$8.75	00 (\$965 Filing Fee ar	nd \$35 Registered Agent Fee)	