(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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FILED
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COVER LETTER

	Division of Corporations		
SUBJE	CCT: Ray A Sunshine Limit	ed Partnership	
			ip or Limited Liability Limited Partnership
The end	closed Certificate of Limited	Partnership and	d fees are submitted for filing.
Please	return all correspondence con	cerning this m	atter to:
Samant	ha Wu		
	Contact Person		-
Altro LI	_P		
	Firm/Company		
155 Uni	versity Avenue, Suite 300		
	Address		
Toronto	, Ontario, M5H 3B7		
	City, State and Zip C	ode	
~	trolaw.com		
E-r	nail address: (to be used for future a	innual report noti	ification)
For furtl	her information concerning this	matter, please ca	all:
Saman	tha Wu	at (416) 477-8157
	Name of Person	Area Code	e Daytime Telephone Number
Enclose	ed is a check for the following	g amount:	
(\$96	00.00 Filing Fees \$1,008.75 Fil 5 Filing Fee and and Certificate Registered Agent Status		052.50 Filing Fees \$1,061.25 Filing Fees, Certified Copy Certificate of Status
STREI	ET ADDRESS:		MAILING ADDRESS:
_	ation Section		Registration Section
	n of Corporations		Division of Corporations
	Building xecutive Center Circle		P. O. Box 6327
	ssee, FL 32301		Tallahassee, FL 32314

CR2E030 (6/17)

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

Ray A Sunshine Limited Partnership	
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) A Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability L suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.	
2. 7901 4th St N STE 300, St. Petersburg, FL 33702, USA	
(Street address of initial designated office)	
3. 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)	
5. I hereby accept the appointment as registered agent and agree to act in this capacity.	haies, and I am familiar
with the provisions of all statutes relative to the proper and complete performance of my a with and accept the obligations of my position as registered agent.	
	29 E
with and accept the obligations of my position as registered agent.	29 PM
with and accept the obligations of my position as registered agent. /s/ Tom Glover	29 (380)

Page 1 of 2

Name:	Business Address:	Business Address:		
1000154405 ONTARIO INC.	210 Elizabeth St. S. Bramp	oton		
	Ontario, Canada, L6Y 1S1			
	_			
				
the Florida Department of State.) Note: If the date inserted in this blo	ate of filing: or more than 90 days after the date to ck does not meet the applicable state cument's effective date on the Depar	utory filing requirement		
Signed this 28th	_ day ofMarch	, 2022 		
herein are true. I/We am/are aware	We submit this document and affirn hat any false information submitted ird degree felony as provided for in	in a document to the		
/s/ Robert Daniel Gale	Robert Daniel Gale, President o	of		
	1000154405 ONTARIO INC.	 _		
Filing Fees: Certified Copy (optional): Certificate of Status (aptional):	\$1,000.00 (\$965 Filing Fee and \$35 Re \$52.50	egistered Agent Fee)		