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To:

Division of Corporations

Fax Number : (850)617-6383

From:

: CORPORATE CREATIONS INTERNATIONAL INC. Account Name

Account Number : 110432003053 Phone : (561)694-8107 : (561)214-8442 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

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LIMITED LIABILITY LIMITED PARTNERSHIP

lame of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Accept artnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited ffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.	able Limited I Partnership		
400 Clematis Street, Suite 201			
(Street address of initial designated office)			
West Palm Beach, FL 33401			
Corporate Creations Network Inc.			
(Name of Registered Agent for Service of Process)			
801 US Highway I			
(Florida street address for Registered Agent)		1	
North Palm Beach, FL 33408		-	
. I hereby accept the appointment as registered agent and agree to act in this capacity. I fur with the provisions of all statutes relative to the proper and complete performance of my duties with and accept the obligations of my position as registered agent.	ther agree to s, and I am fa	comply miliar	,
Ashley Review Ashley Perkins, Special Secretary	•	•	
Signature of Registered Agent		. 3	
2851 John Street, Suite One, Markham, Ontario L3R 5R7		·!	
0	!	: ≘ :::	
(Mailing address of initial designated office)	<u> </u>		

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<ol><li>Name and business address of eac Name:</li></ol>	h general partner: Business Address	<u>.</u>
NADG (US) GENERAL PARTNER, INC.	2851 John Street, Sui	te One
	Markham, Ontario L	SR 5R7
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	0.001	
<ol> <li>Effective date, if other than the da (Effective date cannot be prior to not the Florida Department of State.)</li> <li>Note: If the date inserted in this bloc this date will not be listed as the doc</li> </ol>	r more than 90 days after tk does not meet the applic	eable statutory filing requirements,
Signed this 26th	_ day of	2022
Signature of each general partner: I/herein are true. I/We am/are aware the Department of State constitutes a thi	We submit this document that any false information s rd degree felony as provid	ubmitted in a document to the
		by, Vice President
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee \$52.50 \$8.75	and \$35 Registered Agent Fee)

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