

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

A22000000298

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : LEOPOLD KORN & LEOPOLD, P.A.  
Account Number : I20010000025  
Phone : (786)899-2235  
Fax Number : (786)899-2302

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

Email Address: kleopold@leopoldkorn.com

**FLORIDA/FOREIGN LP/LLLP**  
**Brookfield Plaza LP**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$1,008.75

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2022 MAY 17 PM 3:26  
CORPORATIONS  
COMMERCIAL  
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APPROVED  
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2022 MAY 17 PM 5:01  
STATE OF FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

MAY 18 2022

K. Brumbley

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

1. Brookfield Plaza 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.L.L.P.

2. 15155 NW 7th Avenue, 2nd floor  
(Street address of initial designated office)

Miami, FL 33169

3. Derrick Hudgins  
(Name of Registered Agent for Service of Process)

4. 15155 NW 7th Avenue, 2nd floor  
(Florida street address for Registered Agent)

MIAMI, FL 33169

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.*

Derrick Hudgins  
Derrick Hudgins (May 17, 2022 12:43 EST)  
Signature of Registered Agent

6. 15155 NW 7th Avenue, 2nd floor  
(Mailing address of initial designated office)

Miami, FL 33169

7. If limited partnership elects to be a limited liability limited partnership, check box ☐

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2022 MAY 17 PM 5:01

## 8. Name and business address of each general partner:

Name:Business Address:8296952 CANADA INC.5160 Decarie Blvd, Suite 450Montreal, Quebec CA H3X 2H9

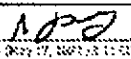
## 9. Effective date, if other than the date of filing: \_\_\_\_\_

*(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 17th day of May, 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.

8296952 CANADA INC.By Amiram Peleg, Director

Filing Fees:

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75