

H22000000470

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : SHUMAKER, LOOP & KENDRICK LLP
Account Number : 075500004387
Phone : (813)229-7600
Fax Number : (813)229-1660

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

Email Address: kihrig@shumaker.com

**FLORIDA/FOREIGN LP/LLLP
MG VENICE LP**

Certificate of Status	0
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Page Count	02
Estimated Charge	\$1,000.00

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STATE
OF FLORIDA

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

1. MG VENICE 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.P.

2. 1288 Caledonia Road, North York,

(Street address of initial designated office)

Ontario, M6A 3B9, Canada

3. W. Kent Thrig

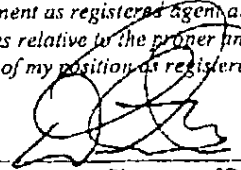
(Name of Registered Agent for Service of Process)

4. c/o Shumaker Loop & Kendrick LLP,

(Florida street address for Registered Agent)

101 E. Kennedy Blvd., Suite 2800, Tampa, FL 33602

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.*



Signature of Registered Agent

6. 1288 Caledonia Road, North York,

(Mailing address of initial designated office)

Ontario, M6A 3B9, Canada

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:

MG Venice GP LLC.

1288 Caledonia Road, North York

a Florida LLC

Ontario, M6A 3B9, Canada

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 8th day of August, 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.

MG Venice GP LLC

By:

Barry Michaels, Manager

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

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