

A22000000561

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

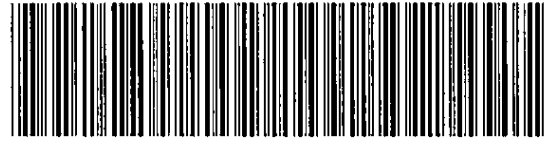
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer

Office Use Only



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APPROVED  
AND  
FILED

2022 SEP 26 PM 12: 07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 27 2022

K. Brumblay

**Incorporating Services, Ltd.**

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@incserv.com



**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Moreau  
mmoreau@incserv.com  
850.656.7953

**REQUEST DATE** 9/23/2022

**PRIORITY** Regular Approval

**OUR REF # (Order ID#)** 1073697

**ORDER ENTITY**  
1000319034 USA LIMITED PARTNERSHIP

**PLEASE PERFORM THE FOLLOWING SERVICES:**  
1000319034 USA LIMITED PARTNERSHIP ( FL )

Please file the attached Certificate of Limited Partnership and provide a certified copy and certificate of status.

**NOTES:**  
\$1,061.25 Authorized

**RETURN/FORWARDING INSTRUCTIONS:**  
ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 1000319034 USA Limited Partnership  
Name of Florida Limited Partnership or Limited Liability Limited Partnership ship

The enclosed Certificate of Limited Partnership and fees are submitted for filing. ng.

Please return all correspondence concerning this matter to: to:

Eric Miller  
Name of Person

Altro LLP  
Firm/Company

155 University Avenue, Suite 300  
Address

Toronto, Ontario, M5H 3B7  
City/State and Zip code

emiller@altrolaw.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eric Miller at ( 416 ) 477-8168  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount: t:

- \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)   
 \$1,008.75 Filing Fees and Certificate of Status us   
 \$1,052.50 Filing Fees and Certified Copy   
 \$1,061.25 Filing Fees, , Certified Copy, and Certificate of Status us

**STREET ADDRESS:**  
Registration Section Division  
of Corporations Clifton  
Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL  
3231414

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

1. 1000319034 USA Limited Partnership

(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 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)

4. 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. 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.*

/s/ Tom Glover

Signature of Registered Agent

6. 52 Rumsey Rd, Maple, Ontario, Canada, L6A 4L8

(Mailing address of initial designated office)

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STATE OF FLORIDA  
SECRETARY OF STATE

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

8. Name and business address of each general partner:

Name:

Business Address:

1000319034 ONTARIO INC.

7901 4th St N, Ste 300

St. Petersburg, Florida, 33702

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 22th day of September, 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.

/s/ Olga KHART

Olga KHART, President of

1000319034 ONTARIO INC.

**Filing Fees:**

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

**Certified Copy (optional):**

**\$52.50**

**Certificate of Status (optional):**

**\$8.75**