

A230000000230

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

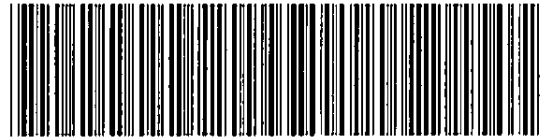
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500407517995

2023 MAY -5 PM 9:00

RECEIVED
2023 MAY -5 PM 2:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. ROBERTS

MAY -5 2023

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 5/5/2023

PRIORITY Regular Approval

OUR REF # (Order ID#) 1144530

ORDER ENTITY

KYSA GROUP INTERNATIONAL LIMITED PARTNERSHIP

PLEASE PERFORM THE FOLLOWING SERVICES:

KYSA GROUP INTERNATIONAL LIMITED PARTNERSHIP (FL)

Please file the attached certificate 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,

A handwritten signature in black ink, appearing to be "MM" or similar initials.

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: KYSA Group International 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:

David Altro

Name of Person

Altro LLP

Firm/Company

155 University Avenue, Suite 300

Address

Toronto, Ontario, M5H 3B7

City/State and Zip code

daltro@altrolaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Altro

at (416)

477-8150

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

CR2E030 (6/17))

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

1. KYSA Group International 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. 1454 POLK ST, HOLLYWOOD, FL 33020

(Street address of initial designated office)

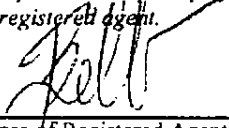
3. Khrystyna Vereshchak

(Name of Registered Agent for Service of Process)

4. 1454 POLK ST, HOLLYWOOD, FL 33020

(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.*



Signature of Registered Agent

6. 1454 POLK ST, HOLLYWOOD, FL 33020

(Mailing address of initial designated office)

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

2011-05-17 5:00

8. Name and business address of each general partner:

Name:

Business Address:

1000526539 ONTARIO INC.

1454 POLK ST, HOLLYWOOD, FL, 33020

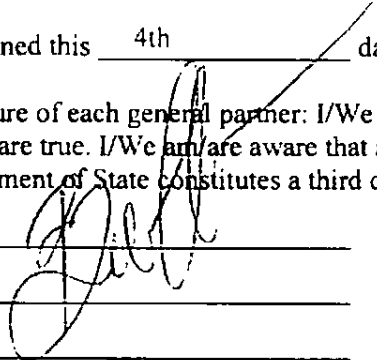
9. Effective date, if other than the date of filing: _____

(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 4th day of May, 2023

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.



KHRYSTYNA VERESHCHAK, President

of 1000526539 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