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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE 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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FLORIDA/FOREIGN LP/LLLP

Punta Gorda Pad LP

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

PUNTA GORDA PAD LP 1	
(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. 360 South Rosemary Avenue, Suite 400	
(Street address of initial designated office)	
West Palm Beach, FL 33401	
3. Corporate Creations Network Inc.	
(Name of Registered Agent for Service of Process)	
4. 801 US Highway !	24
(Florida street address for Registered Agent)	<b>1</b> 20
North Palm Beach, FL 33408	ئە ئە <del>،.</del> - ا - ار-
5. Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to with the provisions of all statutes relative to the proper and complete performance of my duties, and I am fawith and accept the obligations of my position as registered agent.	comph <b>o</b> miliar ယှ
Saray Djidji, Special Secretary	5.9
Signature of Registered Agent	
2851 John Street, Suite One, Markham, Ontario L3R 5R7	
(Mailing address of initial designated office)	
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:						
NADG US 2 GP INC.		2851 John Stree	et, Suite One		_	
		Markham, Ontario L3R 5R7				
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9. Effective date, if other than the (Effective date cannot be prior to n the Florida Department of State.)  Note: If the date inserted in this blothis date will not be listed as the do	or more the	ot meet the a	pplicable statu	tory filing require	ements	
Signed this	day of _	September		2024	_	
Signature of each general partner: I herein are true. I/We am/are aware Department of State constitutes a the	/We subm that any fa	it this docum dse informati	on submitted i	n a document to		
		NADG US 2	GP INC., Gene	ral Partner		
		By Saray Dj	idji, Special Sec	cretary	-	
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$8.75	00 (\$965 Filing	Fee and \$35 Reg	gistered Agent Fee)		