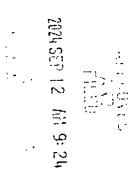
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SEP 13 2024 K. Brumbiey



## COVER LETTER

Division of Corporations	
SUBJECT: CAIRO DISTRIBUTION LP	
Name of Florida Limited Pa	rtnership or Limited Liability Limited Partnership
The enclosed Certificate of Limited Partners	hip and fees are submitted for filing.
Please return all correspondence concerning	this matter to:
ROXANA TUMBACO	
Contact Person	<del></del>
CORNERSTONE TAX AND ACCT.SVCS, CORP	
Firm/Company	
4000 HOLLYWOOD BLVD SUITE 555-S	
Address	
HOLLYWOOD, FL 33021	
City, State and Zip Code	
ACCOUNTING@CORNERSTONETAXCORP.CO	
E-mail address: (to be used for future annual rep	port notification)
For further information concerning this matt	er, please call:
ROXANA TUMBACO	at ( 786 ) 597-9461
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check for the following amoun	nt:
\$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee) \$1,008.75 Filing Fees and Certificate of Status	S1.052.50 Filing Fees S1.061.25 Filing Fees, and Certified Copy Certified Copy, and Certificate of Status
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P. O. Box 6327 Tallahassee, FL 32314
Tallahassee, FL 32301	rananassee, i to Dabit

CR2E030 (6/17)

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

## CAIRO DISTRIBUTION 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 LLLP, 912 S ANDREWS AVE (Street address of initial designated office) FORT LAUDERDALE, FL 33316 CORNERSTONE TAX AND ACCT. SVCS. CORP (Name of Registered Agent for Service of Process) 4000 HOLLYWOOD BLVD SUITE 555-S (Florida street address for Registered Agent) HOLLYWOOD, FL 33021 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 912 S ANDREWS AVE (Mailing address of initial designated office) FORT LAUDERDALE, FL 33316

Page 1 of 2

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

8. Name and business address of e. Name:	ach general partner: Business Address:	
PATRICK JOHN JOSEPH	36 FOXBRIDGE WAY	
	WOODBRIDGE , ON L4H 3H7 CA	<del></del>
KAREEM BOULOS	104-43 HANNA AVENUE	
	TORONTO, ON M6K 1X1 CA	
	<del>_</del>	
		<del></del>
the Florida Department of State.) Note: If the date inserted in this blo	date of filing:  or more than 90 days after the date the docume  ock does not meet the applicable statutory filing  cument's effective date on the Department of S	g requirements
Signed this 9th	day of SEPTEMBER 2024	<u></u>
Signature of each general partner: I herein are true. I/We am/are aware	/We submit this document and affirm that the that any false information submitted in a document degree felony as provided for in s.817.155,	nent to the
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Age \$52.50 \$8.75	ent Fee)

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