## Florida Department of State Division of Corporations

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(((H240003683793)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.

Account Number : I19990000006 Phone : (407)425-7010 Fax Number : (407)425-2747

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

Email Address:\_corporate@zkslaw.com

### FLORIDA/FOREIGN LP/LLLP SYRA FLUSA, LP

Certificate of Status	0
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Page Count	04
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#### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: SYRA FLUSA, LP	
Name of Florida Limited P	Partnership or Limited Liability Limited Partnership
The enclosed Certificate of Limited Partner	ship and fees are submitted for filing.
Please return all correspondence concerning	g this matter to:
Scott M. Price, Esquire	
Contact Person	
Zimmerman Kiser and Sutcliffe, P.A.	
Firm/Company	
315 E. Robinson Street, Suite 600	
Address	<del></del>
Orlando, FL 32801	
City, State and Zip Code	
corporate@zkslaw.com	
E-mail address. (to be used for future annual re	port notification)
For further information concerning this mat	ter, please call:
Emily Bautista, Corporate Paralegal	at ( 407 ) 425-7010
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check for the following amount	nt:
S1,000.00 Filing Fees S1,008.75 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee) S1,008.75 Filing Fees and Certificate of Status	\$ \$\sum \\$1,052.50 \text{ Filing Fees} and Certified Copy Certificate of Status
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 32314
CR2E030 (6/17)	

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

Name of Limited Partnership or Limited Liability Limited Partnership, which must include sufflarinership suffixes: Limited Partnership, Limited L.P., LP, or Ltd. Acceptable Limited Liabili suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.	
53 Village Centre Place Suite 300	
(Street address of initial designated office)	
Mississauga, Ontario L4Z1 V9 CA	
Scott M. Price, Esquire  (Name of Registered Agent for Service of Process)  315 E. Robinson Street, Suite 600	
(Name of Registered Agent for Service of Process)	
4. 315 E. Robinson Street. Suite 600	
(Florida street address for Registered Agent)	-
Orlando, FL 32801	
5. I hereby accept the appointment as registered agent and agree to act in this capacity with the provisions of all statutes relative to the proper and complete performance of nowith and accept the obligations of my position as registered agent.  Signature of Registered Agent	
5. Village Centre Place Suite 300	<u> </u>
·	
(Mailing address of initial designated office)	

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## Docusign Envelope ID: 19B416EF-0E5B-4AE3-AD53-F216EEF89610 (((H24000368379 3)))

8. Name and business address of e. Name:	Name and business address of each general partner:  Business Address:				
SYRA FLUSA GP, INC.	53 V:	illage Centre Place Suite	: 300		
	Miss	Mississauga, Ontario L4Z1V9 CA			
	_	·			
	<del></del>				
	_				
		Too Ellino			
9. Effective date, if other than the of (Effective date cannot be prior to not the Florida Department of State.)  Note: If the date inserted in this bloth this date will not be listed as the do	or more than 9  ock does not me	O days after the date	atutory filing requirements		
Signed this 5th	day of	n ber	2024		
Signature of each general partner: I herein are true. I/We am/are aware Department of State constitutes a the	/We submit thi	s document and affi nformation submitte	ed in a document to the		
SYRA FLUSA GP, INC., a Florida corporation	<u> </u>				
Aslawaya Saraja	_				
Ashwyn Singh, President					
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$ \$52.50 \$8.75 Page 2	965 Filing Fee and \$35	Registered Agent Fee)		