B06000000315

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000229340 3)))

H11000229340 3ABCW

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

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TALLAHASSEE, FLORIDA

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

Email Address: _____

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LP/LLLP REINSTATEMENT
RETAIL SUPPORT SERVICES, L.P.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$4,000.00

Please file 2nd
Thanks!

RE-SUBMIT
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J. BRYAN

SEP 27 2011
EXAMINER

FLORIDA DEPARTMENT OF STATE
Division of Corporations

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11 SEP 20 AM 9:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

September 21, 2011

RETAIL SUPPORT SERVICES, L.P.
2571 SARADAN DRIVE
JACKSON, MI 49202

SUBJECT: RETAIL SUPPORT SERVICES, L.P.
REF: B06000000315

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Pursuant to s. 620.1810 or 620.1909, F.S., the registered agent must sign the reinstatement.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Regulatory Specialist II

FAX Aud. #: H11000229340
Letter Number: 911A00021817

RE-SUBMIT
Please retain original filing
date of submission 9/20

September 26, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED
11 SEP 20 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RETAIL SUPPORT SERVICES, L.P.
2571 SARADAN DRIVE
JACKSON, MI 49202

SUBJECT: RETAIL SUPPORT SERVICES, L.P.
REF: B06000000315

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

YOU MUST COMPLETE SECTION "8" LISTING THE REGISTERED AGENT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Regulatory Specialist II

FAX Aud. #: H11000229340
Letter Number: 211A00022072

RE-SUBMIT
Please retain original filing date of submission 9/20

CONSENT TO USE OF NAME

TO: Florida Secretary of State

RETAIL SUPPORT SERVICES, INC., a company incorporated under the laws of the State of Delaware, consents to the use of the name "**RETAIL SUPPORT SERVICES, L.P.**".

Dated September 20, 2011

RETAIL SUPPORT SERVICES, INC.

By: _____
Nick Desmarais, Secretary

FILED
11 SEP 20 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED PARTNERSHIP REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
11 SEP 20 AM 9:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E039 (1/11)

DOCUMENT # B06000000315

1. Name of Limited Partnership

Retail Support Services, L.P.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
2571 Saradan Drive		1067 West Cordova Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
		1800	
City & State		City & State	
Jackson, MI		Vancouver, BC	
Zip	Country	Zip	Country
49202	USA	V6C 1C7	Canada

4. Date Formed or Registered To Do Business in Florida

5. FEI Number 980430020 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $6.75 Additional Fee required for a Certificate of Status.

8. Name and Address of Current Registered Agent

Name: C T Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Rd.

Suite, Apt. #, Etc.:

City: Plantation FL Zip Code: 33324

7. FEES:
Filing Fee(s): $411.25 for each year due this office.
Supplemental Fee(s): $68.75 for each year due this office.
Penalty Fee(s): $500 for each year or part thereof limited partnership revoked on our records.

E-mail Address: legal@jp-group.com
E-Mail address to be used for future annual report notices.

9. Pursuant to the provisions of section 620.1810 or 620.1909, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) Connie Bryan DATE 9/21/11
(REGISTERED AGENT MUST SIGN) Connie Bryan Assistant Secretary

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
John Swett	2571 Saradan Drive	Jackson, MI 49202	
Michael Simon	2571 Saradan Drive	Jackson, MI 49202	

REINSTATEMENT 2008-11

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, F.S. in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes. Each signature and information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE [signature] DATE September 16, 2011

Typed or Printed Name of General Partner Signing Form: Nick Desmarais, Secretary of Retail Support Services I Telephone Number: 604.688.6764