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B07-374
GA 12/27

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Weber Family Limited Partnership
(Name of Foreign Limited Partnership)

Dear Sir or Madam:

The enclosed application, affidavit and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Angelo Pardo
(Name of Person)

Bosso, Bosso & Pardo, P.A. Attorneys at Law
(Firm/Company)

2428 Broadway
(Address)

Riviera Beach, Florida 33404
(City/State and Zip Code)

For further information concerning this matter, please call:

Angelo Pardo at (561) 844-0209
(Name of Person) (Area Code & Daytime Telephone Number)

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TALLAHASSEE, FLORIDA

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 21, 2007

ANGELO PARDO
2428 BROADWAY
RIVERA BEACH, FL 33404

SUBJECT: WEBER FAMILY LIMITED PARTNERSHIP
Ref. Number: W07000061662

We have received your document for WEBER FAMILY LIMITED PARTNERSHIP and your check(s) totaling $1125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6097.

Marsha Thomas
Regulatory Specialist II

Letter Number: 007A00071225

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TALLAHASSEE, FLORIDA

APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

1. Weber Family Limited Partnership
(Name of limited partnership as it is in the home state)

2. N/A
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida; must contain the word "LIMITED" or "LTD.")

3. Ontario (Canada) (State of Formation)
4. December 11, 2007 (Date of Formation)

5. Bosso, Bosso & Pardo, P.A.
(Name of Registered Agent for Service of Process)

6. 2428 Broadway
(Street Address of Registered Office)

Riviera Beach (City) Florida 33404 (Zip Code)

7. Acceptance by the Registered Agent for Service of Process:

(Agent must sign on this line)

8. 4 Pioneer Ridge Drive, Kitchener, Ontario, Canada N2P 2L5

(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS — STREET ADDRESS

Michael Weber — 4 Pioneer Ridge Drive Kitchener, Ontario Canada N2P 2L5

10. 4 Pioneer Ridge Drive, Kitchener, Ontario Canada N2P 2L5
(Office where Names, Addresses and Contributions of Limited Partners are kept.)

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

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TALLAHASSEE, FLORIDA

CONTINUED

12. 4 Pioneer Ridge Drive, Kitchener, Ontario Canada N2P 2L5

(Mailing Address of Limited Partnership)

Under penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 13th day of December 2007.

Michael Weber - General Partner

Province of ~~XXXXXX~~ Ontario (Canada)

Regional Municipality of Waterloo ~~XXXXXXXX~~

On this 13th day of December, 2007,

Michael Weber, personally appeared before me,

[X] who is personally known to me

[ ] whose identity I proved on the basis of

(Notary Public Signature)

William Stanley Dahms
(Notary's Printed Name)

My Commission ~~Expires~~: is for life.

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TALLAHASSEE, FLORIDA

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Ontario — Ministry of Government Services / Ministère des Services gouvernementaux

Declaration Form 3
under the *Limited Partnerships Act*

Déclaration Formule 3
aux termes de la Loi sur les sociétés en commandite

Print clearly in CAPITAL LETTERS / *Écrivez clairement en LETTRES MAJUSCULES* — Page ____ of / de ____

1. Declaration Type / *Type de déclaration*

- A. ☑ New / *Nouvelle*
- B. ☐ Name Change / *Modification de la raison sociale*
- C. ☐ Change (other than name change) / *Changement (autre que modification de la raison sociale)*
- D. ☐ Renewal Without Name Change / *Renouvellement sans modification de la raison sociale*
- E. ☐ Renewal With Name Change / *Renouvellement avec modification de la raison sociale*
- F. ☐ Dissolution / *Dissolution*
- G. ☐ Withdrawal / *Retrait*

Enter the Business Identification Number (BIN) for all Declaration Types except Type A. / *Entrez le n° d'identification de l'entreprise (NIE) pour tous les types de déclaration, sauf pour le type A.*

BIN (Business Identification No.) / *NIE N° d'identification de l'entreprise*

2. Firm Name / *Raison sociale de la société en commandite*

WEBER FAMILY LIMITED PARTNERSHIP

3. Mailing Address / *Adresse postale*

Street No / *N° de rue*	Street Name / *Nom de la rue*	Suite No. / *Bureau n°*
4	PIONEER RIDGE DRIVE	

City / Town / *Ville*	Province / *Province*	Country / *Pays*	Postal Code / *Code postal*
KITCHENER	ONTARIO	CANADA	N2P 2L5

4. Address of Principal Place of Business in Ontario / *Adresse de l'établissement principal en Ontario*

- ☑ Same as above / *comme ci-dessus*
- ☐ Extra-Provincial Limited Partnership without business address in Ontario / *Société en commandite extraprovinciale sans établissement en Ontario*

Street No / *N° de rue*	Street Name / *Nom de la rue*	Suite No / *Bureau n°*	(P.O. Box not acceptable / *Case postale non acceptée*)

City / Town / *Ville*	Province / *Province*	Country / *Pays*	Postal Code / *Code postal*
	ONTARIO	CANADA	

5. General Nature of Business / *Nature générale de l'activité exercée*

I N V E S T M E N T S

6. Information Regarding General Partner(s) / *Renseignements sur le ou les commanditités*

(A) Individual / *Personne physique* - Last Name / *Nom de famille*: WEBER — First Name / *Prénom*: MICHAEL — Middle Name / *Autre prénom*:

(B) Corporation, Partnership etc. / *Personne morale, société en nom collectif etc.* - Name / *Raison sociale*: — Ontario Corporation Number / *N° matricule de la personne morale en Ontario*:

Address / *Adresse*	Street No. / *N° de rue*	Street Name / *Nom de la rue*	Suite No. / *Bureau n°*
4	PIONEER RIDGE DRIVE		

City / Town / *Ville*	Province / *Province*	Country / *Pays*	Postal Code / *Code postal*
KITCHENER	ONTARIO	CANADA	N2P 2L5

Signature of General Partner or Attorney for the General Partner / *Signature du commanditité ou de son procureur*: X

Print Name of Signatory / *Nom du signataire en lettres moulées*: MICHAEL WEBER

Check if signing as attorney on behalf of the general partner pursuant to s. 32 of the *Limited Partnerships Act* / *Cochez la case ci contre si le signataire est le procureur du commanditité (art. 32 de la Loi)*: ☐

For a new Declaration, name change or renewal, item 6 must be completed and signed by all the general partners or their attorneys. If there is more than one general partner, set out the total number of partners in the box and attach additional schedule(s) / *Pour une nouvelle Déclaration, une modification de la raison sociale ou un renouvellement, il faut remplir la section 6 pour chaque commanditité, et chaque commanditité ou son procureur doit signer la section 6. S'il y a plus d'un commanditité, entrez le nombre total de commanditités dans la case ci contre et remplissez et joignez une ou des annexes.*

Number of General Partners / *Nombre de commanditités*: 1

7. Jurisdiction of Formation / *Territoire d'origine*

ONTARIO

Extra-Provincial Limited Partnership Carrying on Business in Ontario / *Société en commandite extraprovinciale exerçant des activités en Ontario*

8. Information Regarding Attorney/Representative for an Extra-Provincial Limited Partnership - (Does not apply to Limited partnerships formed in another Canadian jurisdiction that have an office or other place of business in Ontario) / *Renseignements sur le procureur / représentant de la société en commandite extraprovinciale - (Ne s'applique pas aux sociétés en commandite d'un autre territoire canadien qui ont un établissement en Ontario)*

Power of Attorney - Check the box to confirm there is an executed Power of Attorney (Form 4) appointing the person/corporation listed below to be the attorney and representative in Ontario. The attorney/representative is required to keep the executed Form 4 available for inspection at the address set out below. / *Procuration – Cochez la case ci-contre pour confirmer qu'il y a une Procuration signée (Formule 4) nommant la personne physique ou morale indiquée ci dessous à titre de procureur et représentant en Ontario. Celui ci doit tenir la Formule 4 signée à disposition aux fins d'inspection à l'adresse ci dessous.*** ☐

Attorney / Representative – *Procureur / représentant*

(A) Individual / *Personne physique* - Last Name / *Nom de famille*: — First Name / *Prénom*: — Middle Name / *Autre prénom*:

(B) Corporation, Partnership etc. / *Personne morale, société en nom collectif etc.* - Name / *Raison sociale*: — Ontario Corporation Number / *N° matricule de la personne*:

Address / *Adresse*	Street No / *N° de rue*	Street Name / *Nom de la rue*	Suite No / *Bureau n°*

City / Town / *Ville*	Province / *Province*
	ONTARIO

Country / *Pays*	Postal Code / *Code postal*
CANADA	

MINISTRY USE ONLY - *RÉSERVÉ AU MINISTÈRE*

BIN/EIN: 171310204
NAME/
NOM.....: WEBER FAMI
REG'N/
ENREG...: 2007-12-12
EXPIRY/
EXPIRE...: 2012-12-11

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