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Florida Department of State
Division of Corporations
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To:

Division of Corporations
[redacted]

From:

Account Name : STEARNS WEAVER MILLER ET AL FT. LAUDERDALE
Account Number : I20080000044
Phone : (954)462-9571
Fax Number : (954)462-9567

**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
City Place North Partners LP

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	$1,052.50

D. BRUCE
MAY - 5 2010
EXAMINER

W1-21129

Electronic Filing Menu Corporate Filing Menu Help

H10000105395

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINES IN FLORIDA

1. City Place North Partners 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.

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.

2. Delaware
State or Country of Formation

3. August 15, 2005
Date of Formation

4. Corporation Service Company
Name of Registered Agent for Service of Process

5. 1201 Hays Street
Florida street address for Registered Agent

Tallahassee, FL 32301

6. *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.*

Sonya L. Cordell
Signature of Registered Agent

Sonya L. Cordell
Assistant VP

7. 3419 Peel Street, Suite 302
Principal office address

Montreal, Quebec, Canada H3A 1W8

8. If limited partnership is a limited liability limited partnership, check box ☐

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9. 3410 Peel Street
(Mailing address)

Montreal, Quebec, Canada H3A 1W8

10. Name, principal office address, and mailing address of each general partner:

4170130 Canada, Inc.
Name

3410 Peel Street, Suite 302
Street Address

Montreal, Quebec, Canada H3A 1W8

F10000002087
Mailing Address

Name

Street Address

Mailing Address

Name

Street Address

Mailing Address

Name

Street Address

Mailing Address

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TALLAHASSEE, FLORIDA

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Name | Street Address

Mailing Address

Name | Street Address

Mailing Address

11. Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 29 day of April 20 10.

Signature of a general partner:

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Filing Fees: $1,000.00 ($965 Filing Fee and $35 Registered Agent Fee)
Certified Copy (optional): $ 52.50
Certificate of Status (optional): $ 8.75

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Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CITY PLACE NORTH PARTNERS LP" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIRST DAY OF APRIL, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CITY PLACE NORTH PARTNERS LP" WAS FORMED ON THE FIFTEENTH DAY OF AUGUST, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

4015539 8300

100342724

You may verify this certificate online at corp.delaware.gov/authver.shtml

Jeffrey W. Bullock, Secretary of State

AUTHENTICATION: 7906532

DATE: 04-01-10

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