

# B12000000187

Florida Department of State  
Division of Corporations  
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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

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FLORIDA/FOREIGN LP/LLLP  
CanGolf Properties LP

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$1,000.00

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J. SAULSBERRY  
EXAMINER

AUG 20 2012

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CanGolf Properties LP

Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida.  
Please return all correspondence concerning this matter to:

Deborah E. Kalstek, Paralegal

Contact Person

Hodgson Russ LLP

Firm/Company

The Guaranty Bldg., 140 Pearl St., Ste. 100

Address

Buffalo, NY 14202

City, State and Zip Code

mlouter@wilsonspurrllaw.ca

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Deborah E. Kalstek

at (716) 848-1371

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

\$1,000.00 Filing Fees  
(\$965 Filing Fee and  
\$35 Registered Agent  
Fee)

\$1,008.75 Filing Fees  
and Certificate of  
Status

± \$1,052.50 Filing Fees  
and Certified Copy

.. \$1,061.25 Filing Fee,  
Certified Copy, and  
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

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TALLAHASSEE, FLORIDA

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

1. CanGolf Properties 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. 8/7/08

Date of Formation

4. Federal Employer Identification Number: 75-3269367

5. Name of Registered Agent for Service of Process and Florida Street Address:

C T Corporation System

1200 South Pine Island Road

Plantation, Florida 33324

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.

By: Connie Bryan  
Signature of Registered Agent

Signature of Registered Agent

Connie Bryan  
Assistant Secretary

7. Principal Office:

261 Martindale Road, Unit 16B

St. Catharines, Ontario L2W 1A2

Canada

8. Mailing Address:

261 Martindale Road, Unit 16B

St. Catharines, Ontario L2W 1A2

Canada

9. If limited partnership is a limited liability limited partnership, check box.

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

Name of General Partner: 2186200 Ontario Inc.

Name of General Partner: \_\_\_\_\_

Street Address: 261 Martindale Road, Unit 16B

Street Address: \_\_\_\_\_

St. Catharines, Ontario L2W 1A2 Canada

Mailing Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Name of General Partner: \_\_\_\_\_

Name of General Partner: \_\_\_\_\_

Street Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

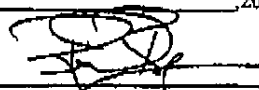
Mailing Address: \_\_\_\_\_

Name of General Partner: \_\_\_\_\_ Name of General Partner: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Mailing 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 10 day of August, 2012.



Signature of a general partner  
 Victor Real Bergevin, President

The individual signing this document affirm that the facts stated herein are true and the individual is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

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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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CANGOLF PROPERTIES 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 TENTH DAY OF AUGUST, A.D. 2012.

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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You may verify this certificate online  
at [corp.delaware.gov/authvex.shtml](http://corp.delaware.gov/authvex.shtml)

  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 9773012

DATE: 08-10-12