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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 OCT 25 PM 3:46

OCT 26 2012

T. HAMPTON

41891-210

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **MOODY'S LIMITED PARTNERSHIP**

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:

ALLAN J. RITCHIE

Contact Person

LOOPSTRA NIXON LLP

Firm/Company

135 QUEENS PLATE DRIVE SUITE 600

Address

TORONTO, ONTARIO M9W 6V7

City, State and Zip Code

ARITCHIE@LOONIX.COM

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

For further information concerning this matter, please call:

ALLAN J. RITCHIE

at (**416**) **748-4754**

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
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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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

12 OCT 25 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

March 26, 2012

MAHAMOUD POOTOOLAL
7612 DARCEL AVE
MISSISSAUGA, ONTARIO L4T-2Y1, XX

SUBJECT: MOODY'S LIMITED PARTNERSHIP 7776
Ref. Number: W12000016840

We have received your document for MOODY'S LIMITED PARTNERSHIP 7776 and your check(s) totaling \$1008.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited partnership must contain an acceptable suffix at the end of your name. Acceptable limited partnership suffixes include: Limited Partnership, Limited, L.P., Ltd., or LP.,

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

Please return the corrected original and one copy of 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) 245-6051.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 412A00010153

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

1. MOODY'S LIMITED PARTNERSHIP

(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.

MOODY'S 7776 LIMITED PARTNERSHIP

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. CANADA

State or Country of Formation

3. 05/09/2011

Date of Formation

4. Federal Employer Identification Number: 98-0702048

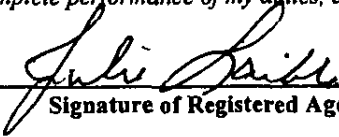
5. Name of Registered Agent for Service of Process and Florida Street Address:

JULIE LAIBLE, EA

121 DUNDEE RD

DAYTONA BEACH FL 32118

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.


Signature of Registered Agent

7. Principal Office:

7612 DARCEL AVENUE

MISSISSAUGA, ONTARIO

L4T 2Y1 CANADA

8. Mailing Address:

SAME

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: 2283248 ONTARIO LIMITED

Name of General Partner: _____

Street Address: 7612 DARCEL AVENUE

Street Address: _____

MISSISSAUGA, ONTARIO L4T 2Y1 CANADA

Mailing Address: SAME

Mailing Address: _____

Name of General Partner: _____

Name of General Partner: _____

Street Address: _____

Street Address: _____

Mailing Address: _____

Mailing Address: _____

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DIVISION OF CORPORATIONS
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Name of General Partner: _____ Name of General Partner: _____

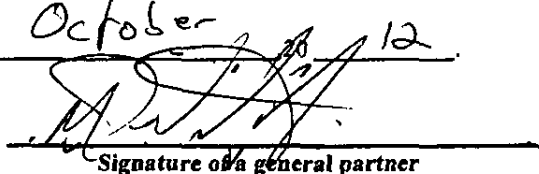
Street Address: _____ Street Address: _____

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 6th day of October 2012



 Signature of a general partner

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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 DIVISION OF CORPORATIONS
 12 OCT 25 PM 3:44

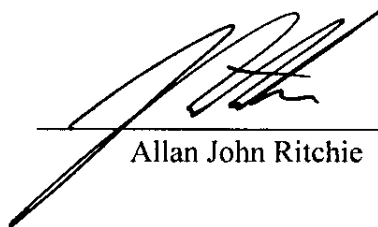
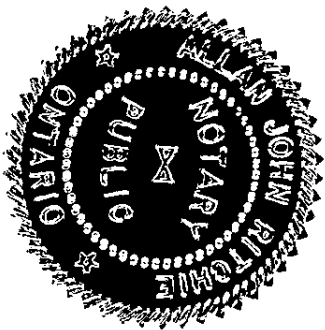
NOTARIAL CERTIFICATE OF TRUE COPY

CANADA	)	
	)	
Province of Ontario	)	TO ALL WHOM THESE PRESENTS
	)	MAY COME, BE SEEN OR KNOWN
To Wit	)	

I, ALLAN JOHN RITCHIE, a Notary Public in and for the Province of Ontario, by Royal Authority duly appointed, residing at the City of Toronto, in the said Province,

DO CERTIFY AND ATTEST that the paper-writing hereto annexed is a true copy of a document produced and shown to me and purporting to be Declaration Under the *Limited Partnerships Act* dated May 27th 2011 for MOODY'S LIMITED PARTNERSHIP, the said copy having been compared by me with the said original document, an act whereof being requested I have granted under my Notarial Form and Seal of Office to serve and avail as occasion shall or may require.

IN TESTIMONY WHEREOF I have hereto subscribed my name and affixed my Notarial Seal of Office at the City of Toronto, this 6th day of October, 2012.



Allan John Ritchie

A Notary Public in and for the Province of Ontario

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

MOODY'S LIMITED PARTNERSHIP

3. Mailing Address of Registrant / Adresse postale de registrant	Street No. / N° de rue 7612	Street Name / Nom de la rue DARCEL AVENUE	City / Town / Ville MISSISSAUGA	Province / Province ONTARIO	Country / Pays CANADA	Postal Code / Code postal L4T 2Y1
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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 7612	Street Name / Nom de la rue DARCEL AVENUE	Suite No. / Bureau n° (P.O. Box not acceptable / Case postale non acceptée)
City / Town / Ville MISSISSAUGA	Province / Province ONTARIO	Country / Pays CANADA
Postal Code / Code postal L4T 2Y1		

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

INVESTMENT / REAL PROPERTY MANAGEMENT

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

(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 morale en Ontario		2283248	
Address / Adresse		Street No. / N° de rue 7612	Street Name / Nom de la rue DARCEL AVENUE	Suite No. / Bureau n°	
City / Town / Ville MISSISSAUGA		Province / Province ONTARIO		Country / Pays CANADA	Postal Code / Code postal L4T 2Y1
Signature of General Partner or Attorney for the General Partner / Signature du commanditaire ou de son procureur		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 commandité (art. 32 de la Loi)			
Print Name of Signatory / Nom du signataire en lettres moulées		MAHAMOUD POOTOOLAL			
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 commandité, et chaque commandité ou son procureur doit signer la section 6. S'il y a plus d'un commandité, entrez le nombre total de commandités dans la case ci-contre et remplissez et joignez une ou des annexes.				Number of General Partners / Nombre de commandités 1	

7. Jurisdiction of Formation / Territoire d'origine

ONTARIO

Extra-Provincial Limited Partnership Carrying on Business in Ontario / Société en commandite extraprovinciale menant 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	
(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		Suite No. / Bureau n°	
City / Town / Ville		Province / Province	
Country / Pays		Postal Code / Code postal	

MINISTRY USE ONLY - RÉSERVÉ AU MINISTÈRE

BIN/EIN: 210583019
NAME/
NOM: MOODY'S LI
REG/ENR: 2011-05-27
EXP/EXP: 2016-05-26