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12 NOV -6 PM 4: 36
SECRETARY BY STATE

B. BOSTICK NOV - 8 2012 EXAMINER

COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT: Stronach 22	5 Limited Partnership			
Nam	ne of Foreign Limited Partr	ership or Limited Liability	Limited Partnership	_ ,
partnership to transact bu			a foreign limited partnersh	ip or limited liability limited
Laura O'Malley				
	Contact Person			
The Stronach Group				
	Firm/Company	 _		
455 Magna Drive				
	Address			
Aurora, Ontario Canada	L4G 7A9			
Ci	ty, State and Zip Code			
laura.omalley@stronachg	•			
E-mail address: (to be u	sed for future annual repor	t notification)		
For further information co	oncerning this matter, pleas	e call:		
Laura O'Malley		at (905) 726-7	082	_
Name of Contac	t Person	Area Code and Dayti	ime Telephone Number	_
Enclosed is a check for th	e following amount:			
8 \$1,000.00 Filing Fees (\$965 Filing Fee and 635 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	12 NOV
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301	rcle	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314	•	FILED 10V -6 PH 4: 3 AHASSEE, FLORI

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

1. Stronach 225 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. 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. 3 August 29, 2012 2. Delaware Date of Formation State or Country of Formation 4. Federal Employer Identification Number:___ 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. Michael Malkowski T Corporation System Vice President Signature of Registered Agent 7. Principal Office: 8. Mailing Address: 455 Magna Drive Same Aurora, Ontario L4G 7A9 9. If limited partnership is a limited liability limited partnership, check box. F12000004450 10. Name, principal office address, and mailing address of each general partner: Name of General Partner; TSG US GP INC. Name of General Partner: 455 Magna Drive Street Address: Street Address: Aurora, Ontario LAG 7A9 455 Magna Drive Mailing Address: Mailing Address: Aurora, Ontario L4G 7A9 Name of General Partner: Name of General Partner: ____ Street Address: Street Address: _ Mailing Address: Mailing Address:__

•	Page 1 of 2
Name of General Partner:	Name of General Partner:
Street Address:	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.)
	enticated, not more than 90 days prior to the delivery of this application to the ate or other official having custody of the entity's records in the jurisdiction under
Signed this 17th day of Septer	nber ,20 12
The individual signing this document affirm that th	Signature of a general partner US GP INC., by its Chief Financial Officer the facts stated herein are true and the individual is aware that false information the constitutes a third degree felony as provided for in s.817.155, F.S.
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	

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SLUNGIAGE OF STATE ABOUT

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "STRONACH 225 LIMITED PARTNERSHIP"

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 TWENTY-THIRD DAY OF OCTOBER, A.D.

2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

12 NOV -6 PH 4: 36

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AUTHENT (CATION: 9936529

DATE: 10-23-12

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 3, 2012

LAURA O'MALLEY 455 MAGNA DRIVE AURORA ONTARIO CANADA L4G 7A9,

SUBJECT: STRONACH 225 LIMITED PARTNERSHIP

Ref. Number: W12000050861

We have received your document for and your check(s) totaling \$1000.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

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) 245-6051.

Barbara Bostick Regulatory Specialist II

www.sunbiz.org

Letter Number: 112A00024590