#B12000000271

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

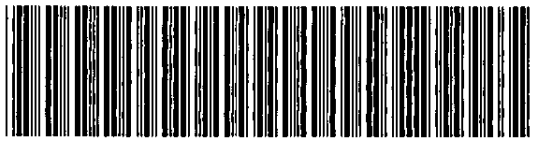
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

NOV 16 2012

STRONACH
GROUP

November 9, 2012

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Dear Sirs:

Re: Stronach Group Limited Partnership

I attach an application by Foreign Limited Partnership to Transact Business in Florida as well as a Certificate of Good Standing for the above partnership and a check in the amount of $1,000.00.

The General Partner, Stronach GP Inc., was qualified to transact business in Florida on November 7, 2012.

Kindly return a stamped copy to me in the courier provided. Please do not hesitate to contact me if you have any questions.

Thank you for your assistance.

Yours truly

Laura O'Malley
Assistant Corporate Secretary

Encl.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Stronach Group 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:

Laura O'Malley
Contact Person

The Stronach Group
Firm/Company

455 Magna Drive
Address

Aurora, Ontario Canada L4G 7A9
City, State and Zip Code

laura.omalley@stronachgroup.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Laura O'Malley at (905) 726-7082
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

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Stronach Group 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.

2. Ontario, Canada
State or Country of Formation

3. February 13, 2012
Date of Formation

4. **Federal Employer Identification Number:** 98-1075088

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.*

C T Corporation System
By: James Halpin
Assistant Secretary
Signature of Registered Agent

7. **Principal Office:**	8. **Mailing Address:**
455 Magna Drive	455 Magna Drive
Aurora, Ontario	Aurora, Ontario
Canada L4G 7A9	Canada L4G 7A9

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: Stronach GP Inc.
Street Address: 455 Magna Drive, Aurora, Ontario Canada L4G 7A9
Mailing Address: 455 Magna Drive, Aurora, Ontario Canada L4G 7A9

Name of General Partner:
Street Address:
Mailing Address:

Name of General Partner:
Street Address:
Mailing Address:

Name of General Partner:
Street Address:
Mailing Address:

Name of General Partner:
Street 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 29th day of October ,20 12.

_____
Signature of a general partner
John Simonetti, Chief Financial Officer

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**

CANADA)
)
PROVINCE OF ONTARIO)
)
TO WIT:)

I, S. Jane Lynn, a Notary Public in and for the Province of Ontario by Royal Authority duly appointed, residing in the Town of Newmarket in the said Province of Ontario DO CERTIFY AND ATTEST that the paper writing hereto annexed is a true and correct photostatic copy of a document produced and shown to me and purporting to be Formation Certificate of Stronach Group Limited Partnership as filed with the Ontario Ministry of Government Services on February 13, 2012, the said copy having been compared by me with the said original document, an act whereof being requested I have granted the same under my hand and notarial 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 Town of Aurora, this 15th day of November, 2012.

A Notary Public in and for
the Province of Ontario

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

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**

STRONACH GROUP LIMITED PARTNERSHIP

3. **Mailing Address of Registrant / Adresse postale du registrant**

Street No. / N° de rue	Street Name / Nom de la rue	Suite No. / Bureau n°
455	MAGNA DRIVE	2ND FLOOR

City / Town / Ville	Province / Province	Country / Pays	Postal Code / Code postal
AURORA	ONTARIO	CANADA	L4G 7A9

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 acceptés)

City / Town / Ville	Province / Province	Country / Pays	Postal Code / Code postal

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

EQUINE & REAL ESTATE RELATED BUSINESSES

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

(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: STRONACH GP INC.

Ontario Corporation Number / N° matricule de la personne morale en Ontario: 2314882

Address / Adresse — Street No. / N° de rue	Street Name / Nom de la rue	Suite No. / Bureau n°
455	MAGNA DRIVE	2ND FLOOR

City / Town / Ville	Province / Province	Country / Pays	Postal Code / Code postal
AURORA	ONTARIO	CANADA	L4G 7A9

Signature of General Partner or Attorney for the General Partner / Signature du commanditée ou de son procureur

X

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: BELINDA STRONACH

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. ☐