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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

51-9-131

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TALLAHASSEE, FLORIDA

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

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7/9/2013

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Stavola Golf 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

445 Magna Drive

Address

Aurora, Ontario 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

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

2013 JUL -9 AM 8:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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

**1. STAVOLA GOLF 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. Delaware**

State or Country of Formation

**3. June 19, 2013**

Date of Formation

**4. Federal Employer Identification Number: 39-2080630**

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

CT 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: Patricia Horton Swann

CT Corporation System

Signature of Registered Agent

**7. Principal Office:**

455 Magna Drive

Aurora, Ontario L4G 7A9

**8. Mailing Address:**

455 Magna Drive

Aurora, Ontario L4G 7A9

Patricia Horton Swann  
Assistant Secretary

**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: TSG US GP INC.

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

Street Address: 455 Magna Drive

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

Aurora, Ontario L4G 7A9

Mailing Address: 455 Magna Drive

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: \_\_\_\_\_

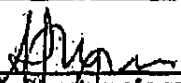
Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ 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 8th day of July, 2013

  
\_\_\_\_\_  
Signature of a general partner  
TSG-US, INC.

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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2013 JUL -9 AM 9:51  
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 "STAVOLA GOLF LIMITED PARTNERSHIP" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELANARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SROW, AS OF THE EIGHTH DAY OF JULY, A.D. 2013.

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

FILED

2013 JUL -9 AM 8:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

5353677 8300

130854696

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



Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 0568007

DATE: 07-08-13