

B13000000355

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

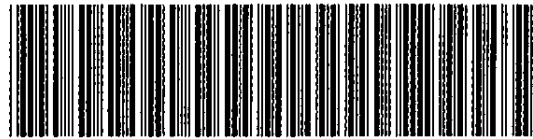
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W13-44436

Office Use Only



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11/22/13--01015--029 **1061.25

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DEC 30 2013

C. R. JOSE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 4, 2013

FRANK PERI
FRANK PERI CPA, CA
800 ARROW ROAD UNIT 10
TORONTO ONTARIO CAN, M9M 2Z8,

SUBJECT: AMICI US LP
Ref. Number: W13000066436

We have received your document for AMICI US LP and your check(s) totaling \$1061.25. 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.

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.

Deborah Bruce
Regulatory Specialist II

Letter Number: 913A00027674

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TALLAHASSEE FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **AMICI US 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:

Frank Peri

Contact Person

Frank Peri CPA, CA

Firm/Company

800 Arrow Road Unit 10

Address

Toronto, Ontario Canada M9M 2Z8

City, State and Zip Code

frank@fperi.ca

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

For further information concerning this matter, please call:

Frank Peri

at (**416**) **629-5036**

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

| | | | |
|---|---|---|--|
| <input type="checkbox"/> \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee) | <input type="checkbox"/> \$1,008.75 Filing Fees and Certificate of Status | <input type="checkbox"/> \$1,052.50 Filing Fees and Certified Copy | <input checked="" type="checkbox"/> \$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

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

1. AMICI US 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. May 31, 2013

Date of Formation

4. Federal Employer Identification Number: 42-1775559

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

Marci Lowman Esq.

8620 NE 2 Avenue

Miami, Florida 33138

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:

2065 S. Ocean Drive TH3

Hallandale Beach, Florida

33009

8. Mailing Address:

800 Arrow Road Unit 10

Toronto, Ontario

M9M 2Z8

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: 882058 Ontario Limited INC

Street Address: 800 Arrow Road Unit 10

Toronto, Ontario M9M 2Z8

Mailing Address: 800 Arrow Road Unit 10

Toronto, Ontario M9M 2Z8

Name of General Partner: _____

Street Address: _____

Mailing Address: _____

Name of General Partner: _____

Street Address: _____

Mailing Address: _____

Name of General Partner: _____

Street Address: _____

Mailing Address: _____

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TALLAHASSEE, FLORIDA

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 3rd day of October, 2013.



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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TALLAHASSEE FLORIDA

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AMICI US 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 FOURTH DAY OF NOVEMBER, A.D. 2013.



5343301 8300

131262887

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


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 0863543

DATE: 11-04-13