

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LEOPOLD KORN & LEOPOLD, P.A.
Account Number : I20010000025
Phone : (305) 935-3500
Fax Number : (305) 935-9042

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: tslachter@leopoldkorn.com

**FLORIDA/FOREIGN LP/LLP
PELWISE U.S.A., LIMITED PARTNERSHIP**

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

RECEIVED

14 APR -3 PM 2:25

ALICE ANN STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 APR -3 AM 8:21

100-443881-100

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PELWISE U.S.A., LIMITED PARTNERSHIP, a Canadian 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:

Karen S. Leopold, Esquire

Contact Person

Leopold Korn, P.A.

Firm/Company

20801 Biscayne Blvd., Suite #501

Address

Aventura, Florida 33180

City, State and Zip Code

APeleg@peleggroup.com

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

For further information concerning this matter, please call:

Karen Leopold

at (305) 935-3500

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

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

1. PELWISE U.S.A., LIMITED PARTNERSHIP, a Canadian 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. CANADA

State or Country of Formation

3. DECEMBER 12, 2013

Date of Formation

4. Federal Employer Identification Number: 98-1160218

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

AMIRAM PELEG

14564 NW 26 Avenue

Opa Locka, Florida 33054

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:

5005 Jean Talon Blvd., Suite 210

Montreal, QU H4P 1-W7 CA

8. Mailing Address:

14565 NW 26TH AVENUE

OPA LOCKA, FL 33054

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: 8296952 Canada Inc.

Name of General Partner: _____

Street Address: 5005 Jean Talon Blvd, Suite 210

Street Address: _____

Montreal, QU H4P 1-W7 CA

Mailing Address: same as above

Mailing Address: _____

Name of General Partner: _____

Name of General Partner: _____

Street Address: _____

Street Address: _____

Mailing Address: _____

Mailing Address: _____

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TALLAHASSEE FLORIDA

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Name of General Partner: _____ Name of General Partner: _____

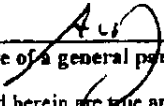
Street Address: _____ Street Address: _____

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 3rd day of April, 2014

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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REZ-130 (2010-10)

Certificate of Attestation

Act respecting the legal publicity of enterprises (CQLR, ch. P-44.1)

I certify that

PELWISE E.U., SOCIÉTÉ EN COMMANDITE

and its version(s)

PELWISE U.S.A., LIMITED PARTNERSHIP

- has been registered since December 13, 2013.
- is not in default of filing an annual updating declaration.
- is not in default of complying with a request made under section 73.
- is not in the process of dissolution.
- has not been struck out.

Certification number: 466742325

The above certification number allows you to view this certified document at any time using the online service "Verify a certification number" of the Enterprise Registrar.

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Filed in the Register on March 28, 2014 under the
Quebec Enterprise Number 3369691335.



(Enterprise
Registrar)

Bernel Sundén
Enterprise Registrar

Revenue Québec

I certify that the above translation is in all respects a true and correct translation of

- ☐ the original document
☒ a copy of the original document

written in the French language.

Association's Reg. No.: 14-TA-0165

Translator: *[Signature]*

Solemnly declared and signed before me in the City of Montreal, Province of Quebec, on this 1st day of April 2014

Juliana Herczegh

COMMISSAIRE À L'ASSURÉMENT
 Juliana Herczegh 161 972
 COURTIÈRE D'ORDRE
 CIE. KELENY CO.
 440 EST, RUE ST-ANTOINE
 MONTRÉAL H2Y 1A5 CANADA
 TÉL : (514) 845-2111 FAX : (514) 845-3006
 Pour le district judiciaire de Montréal.
 For the judicial district of Montreal.