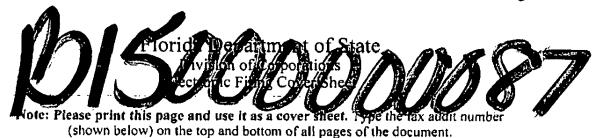
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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Email Address:

....

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone Fax Number : (850)205-8842 : (850)878-5368

**Enter the email address for this business entity to be used for future

annual	report	mailings.	Enter	only	one	email	address	please.**	

FLORIDA/FOREIGN LP/LLLP Revest Management LP

Certificate of Status 0 Certified Copy 1 Page Count 05 Estimated Charge \$1,052.50 Please of ? File 2nd? after 97482 HIS COCO 97482

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Electronic Filing Menu Corporate Filing Menu

Help

4/21/2015 3:53:33 PM From: To: 8506176383(2/5)

COYER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: Revest Management 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:

Greg Coleman							
	Contact Person						
Revest Management LP							
	Firm/Company						
638 E. Atlantic Avenue							
	Address						
Delray Beach, FL 33483	•						
City, State and Zip Code					77.	100	
gcoleman@revest.com					r=	C 11	
E-mail address: (to be	used for future annual repor	t notification)			3.250 2007	3/25 (*)	在 1657 3 185
For further information of	oncorning this matter, pleas	se call;			53	<i>1</i> 20 (⊘	Finanti Strate
Courincy L. Scanlon	ot (848-1	538	in the	·	ł	
Name of Contact Person			Area Code and Daytime Telephone Number		ma m	<u> </u>	1,200
Enclosed is a check for the	he following amount:				100 N	****	15-43 - 6 14-43 - 6
"\$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)	U \$1,008,75 Filing Fees and Certificate of Status	#\$1,052.50 and Centified		☐ \$1,061.25 Filing Fee, Certified Copy, and Certificate of Status	in the feet	()!	

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

Tallahassec, FL 32314

FL047 - 12/21/2011 Walters Khreeg Online

4/21/2015 3:53:33 PM From: To: 8506176383(3/5)

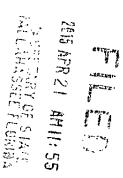
APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA

(Name of Limited Partnership or Limited Liabilit Acceptable Limited Partnership suffixes: Limited Partnership Acceptable Limited Liability Limited Partnership suffixes: Li	p, Limited, L.P., LP, or Ltd.	
If name unavailable, name under which the limited partners business in Florida;	must contain acceptable suffix.	oses to register to transact
2. Delaware	3. 04/13/2015	
State or Country of Formation	Date of Formation	
4. Federal Employer Identification Number: being applied	for	
5. Name of Registered Agent for Service of Process and Fl		
Howard Steinberg		
638 E. Atlantic Avenue		
Delray Beach, FL 33483		
6. I hereby accept the appointment as registered agent and a of all statutes relative to the proper and complete perform my position as registered agent. Howard Steinberg By:	ance of my duties, and I am familiar with and a	accept the obligations of
Signatur	e of Registered Agent	25 Ten 1987
7. Principal Office:	8. Mailing Address:	25.77 50
638 E. Atlantic Avenue	638 E. Atlantic Avenue	
Delray Beach, FL 33483	Delray Beach, FL 33483	+ 100 H
9. If limited partnership is a limited liability limited parts	nership, check box .	57
10. Name, principal office address, and mailing address of	•	
Nume of General Partner: Revest GP Inc.	Name of General Partner:	
Street Address: 638 E. Atlantic Avenue F15-169		
Street Address: Delray Beach, FL 33483	Street Address:	
162 Cumberland Street, Suite 300	·	
Mailing Address:	Mailing Address:	
Toronto, Ontario M5R 3N5		
Name of General Partner:	Name of General Partner:	
Street Address:	Street Address:	
Mailing Address:		

1 . ~

Name of General Partner:	Page 1 of 2 Name of General Partner:			
Street Address:	Street Address:			
Mailing Address:	Mailing Address:			
1). Effective date, if other than the date of filing: (Effective date cannot be prior to nor more than 90 days a	ster the date this document is filed by the Florida Department of State.)			
	d, not more than 90 days prior to the delivery of this application to the other official having custody of the entity's records in the jurisdiction under			
Signed this 20th day of April	20 2015			
Signature of a general partner Howard Steinberg, Treasurer of 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: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fcc and \$35 Registered Agent Fee) \$52.50 \$8.75			

Page 2 of 2



Delaware

PAGE :

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "REVEST MANAGEMENT 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 TWENTY-FIRST DAY OF APRIL, A.D. 2015.

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

5727475 8300

150542193

DATE: 04-21-15

You may verify this certificate onling