

B18000000145

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

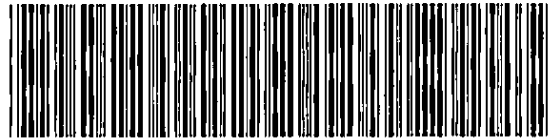
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer

Office Use Only



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05/30/18--01018--005 \*\*1131.25

FILED  
MAY 30 AM 6:12  
FALLAHASSEE FLORIDA

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FILED  
MAY 30 AM 11:05  
FALLAHASSEE FLORIDA

MAY 31 2018  
J. HARRIS

# SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 5/30/2018

**\*\*WALK IN\*\***

ENTITY NAME 5HD- 198 L.P.

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXXX

Plain Copy

(Certified Copy)

Certificate of Status

*\*1-2 Filing\**  
*File Second*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

Certified Copy of Arts & Amendments

Certificate of Good Standing

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$1,052.50

CHECK # 4880

Please call Tina at the above number for any issues or concerns. Thank you so much!

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

1. SHD - 198 L.P.

(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. May 24, 2018

Date of Formation

4. Federal Employer Identification Number: n/a

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

United Corporate Services, Inc.

9200 South Dadeland Blvd. - Suite 508

Miami, FL 33156

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:

204 Casimir Street

Port Perry, Ontario

CANADA L9L 1B7

8. Mailing Address:

204 Casimir Street

Port Perry, Ontario

CANADA L9L 1B7

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: 2637043 ONTARIO INC.

Name of General Partner: F18000002540

Street Address: 204 CASIMIR STREET, PORT PERRY

Street Address:

ONTARIO, CANADA L9L 1B7

Mailing Address: 204 CASIMIR STREET, PORT PERRY

Mailing Address:

ONTARIO, CANADA L9L 1B7

Name of General Partner:

Name of General Partner:

Street Address:

Street Address:

Mailing Address:

Mailing Address:

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

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

Mailing Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

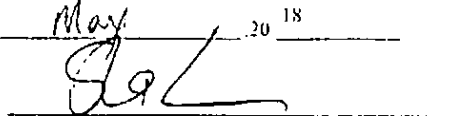
11. Effective date, if other than the date of filing: \_\_\_\_\_

*(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)*

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 28<sup>th</sup> day of May, 2018



Signature of a general partner

The individual signing this document affirms 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

FILED  
2018 MAY 30 AM 6:12  
TALLAHASSEE, FLORIDA

Request ID: 021700372  
Transaction ID: 68205665  
Category ID: (B)CC/E

Province of Ontario  
Ministry of Government Services

Date Report Produced: 2018/05/29  
Time Report Produced: 15:20:24  
Page: 1

Certified a true copy of the record on the Ontario Business  
Information System with respect to this registration/declaration  
under the *Business Names Act/Limited Partnerships Act*.



Registrar  
Ministry of Government Services  
Toronto, Ontario

## LIMITED PARTNERSHIPS REPORT

**Firm name registered under the *Limited Partnerships Act***

SHD-198 L.P.

**Business Identification Number**

280577586

**Business Type**

LIMITED PARTNERSHIP

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**Mailing Address**

204 CASIMIR STREET

PORT PERRY  
ONTARIO  
CANADA, L9L 1B7

**Address of Principal Place of Business in Ontario**

204 CASIMIR STREET

PORT PERRY  
ONTARIO  
CANADA, L9L 1B7

**General Nature of Business**

REAL PROPERTY OWNERSHIP

**Jurisdiction of Formation**

ONTARIO

**Declaration Date**

2018/05/24

**Expiry Date**

2023/05/23

**Renewal Date**

NOT APPLICABLE

**Change Date(s)**

NOT APPLICABLE

**Last Document Filed**

NEW DECLARATION

**Dissolution/Withdrawal Date**

NOT APPLICABLE

**Last Document Filed Date**

2018/05/24

**Current Partnership Business Names Exist:**

NO

**Expired Partnership Business Names Exist:**

NO

**Former Names**

NOT APPLICABLE

**Date of Name Change**

Request ID: 021700372  
Transaction ID: 68205865  
Category ID: (B)CC/E

Province of Ontario  
Ministry of Government Services

Date Report Produced: 2018/05/29  
Time Report Produced: 15:20:24  
Page: 2

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under the *Business Names Act/Limited Partnerships Act*.



Registrar  
Ministry of Government Services  
Toronto, Ontario

## LIMITED PARTNERSHIPS REPORT

Firm name registered under the *Limited Partnerships Act*

5HD-198 L.P.

Business Identification Number

280577586

Business Type

LIMITED PARTNERSHIP

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### Information Regarding General Partner(s)

Name (Individual/Corporation/Other)

2637043 ONTARIO INC.

Corporate Number: 2637043

Address

204 CASIMIR STREET

PORT PERRY  
ONTARIO  
CANADA, L9L 1B7

Name of Signatory

MACKNIGHT, ROBIN

Power of Attorney

YES

Former Limited Partnership Names will only be displayed for Declarations registered on or after April 1, 1994.

This Report sets out the most recent information registered on or after April 1, 1994 and recorded in the Ontario Business Information System as of the last business day.

The Issuance of this certified report in electronic form is authorized by the Ministry of Government Services.