

B2100000555
 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 : GILLIGAN, GOODING, BATSEL, ANDERSON & PHELAN, P.A.
Account Number : I20010000016
Phone : (352)867-7707
Fax Number : (352)867-0237

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

Email Address:

jgooding@ocalalaw.com

FLORIDA/FOREIGN LP/LLLP
Calibrex Ocala Ontario LP

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$1,061.25

2021 DEC 10 PM 2:11

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

2021 DEC 10 PM 12:02
 SECRETARY OF STATE
 TALLAHASSEE, FL 32399

APPROVED
 AND
 FILED

H210004470483

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Calibrex Ocala Ontario 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:

W. James Gooding III

Contact Person

Gilligan, Gooding, Batsel, Anderson & Phelan, P.A.

Firm/Company

1531 SE 36th Avenue

Address

Ocala, FL 34471

City, State and Zip Code

jgooding@ocalalaw.com

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

For further information concerning this matter, please call:

Barbara Noel

at (352) 867-7707 ext 229

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$1,000.00 Filing Fee
(\$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

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

H210004470483

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

1. Calibrex Ocala Ontario 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 L.LLP.

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. November 6, 2021

Date of Formation

4. Federal Employer Identification Number: _____

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

W. James Gooding III1531 SE 36th AvenueOcala, FL 34471

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:

1100 Gorham Street, Unit 18Newmarket, Ontario, Canada L3Y 8Y8

8. Mailing Address:

1100 Gorham Street, Unit 18Newmarket, Ontario, Canada L3Y 8Y89. 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: Calibrex Ocala Ontario GP Inc.

Name of General Partner: _____

Street Address: 1100 Gorham Street, Unit 18

Street Address: _____

Newmarket, Ontario, Canada L3Y 8Y8Mailing Address: 1100 Gorham Street, Unit 18

Mailing Address: _____

Newmarket, Ontario, Canada L3Y 8Y8

Name of General Partner: _____

Name of General Partner: _____

Street Address: _____

Street Address: _____

Mailing Address: _____

Mailing Address: _____

 SECRETARY OF STATE
 MIAMI, FL 33133
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Name of General Partner: _____ Name of General Partner: _____

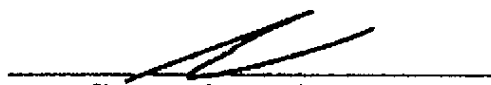
Street Address: _____ Street Address: _____

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.)**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 6 day of December, 2021

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

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Ministry of Government and
Consumer Services
Ministère des Services gouvernementaux et
des Services aux consommateurs

Declaration of an Ontario Limited Partnership

Limited Partnerships Act

Déclaration d'une société en commandite de l'Ontario

Loi sur les sociétés en commandite

CALIBREX OCALA ONTARIO LP

Firm Name / Raison sociale

1000019286

Business Identification Number / Numéro d'identification d'entreprise

This is to certify that the above named limited partnership
declaration has been filed under the laws of the Province of
Ontario.

La présente vise à attester que la déclaration de la raison
sociale de la société en commandite citée ci-dessus a été
déposée conformément aux règles de droit de la province
de l'Ontario.

Declaration Date: November 06, 2021

Date de déclaration: 06 novembre 2021

Expiry Date: November 05, 2026

Date d'expiration: 05 novembre 2026

A handwritten signature in black ink, reading "Barbara Duckitt".

Registrar / Registrateur
Limited Partnerships Act / Loi sur les sociétés en commandite

This certificate is not complete without the
Declaration Information.

Certified a true copy of the record of the
Ministry of Government and Consumer Services.

A handwritten signature in black ink, reading "Barbara Duckitt".
Director/Registrar



Le présent certificat n'est pas complet sans les
renseignements afférents à la déclaration.

Copie certifiée conforme du dossier du
ministère des Services gouvernementaux et des
Services aux consommateurs.

A handwritten signature in black ink, reading "Barbara Duckitt".
Directeur ou registrateur