

B 22 000000 142

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

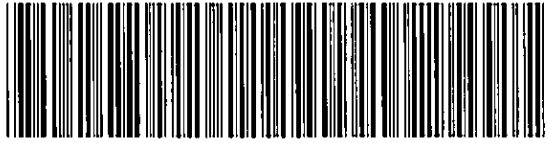
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:  
  
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MAR 18 8:34  
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2022 MAR 18 PM 2:12  
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S. HAWKES  
MAR - 2022



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 21, 2022

FLORIDA FILING

SUBJECT: DEDICATED PRIME ORLANDO US. LP  
Ref. Number: W22000036872

2022 MAR 23 PM 2:02

We have received your document for DEDICATED PRIME ORLANDO US. LP and check(s) totaling \$1061.25. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Need the zip code for the Registered Agent's address.,

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Suzanne Hawkes  
Regulatory II

Letter Number: 822A00006631

*Please keep original file date.*

*Thank you!*

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302**

**155 Office Plaza Dr Ste A Tallahassee FL 32301**

**PHONE: (800) 435-9371; FAX: (866) 860-8395**

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**DATE:** 03/18/22

**NAME:** DEDICATED PRIME ORLANDO US, LP

**TYPE OF FILING:** PARTNERSHIP APPLICATION

**COST:** 1,061.25 - *Check Attached*

**RETURN:** CERTIFIED COPY AND GOOD STANDING PLEASE

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~~ACCOUNT: FCA000000015~~

~~AUTHORIZATION: ABBIE/PAUL HODGE~~

---

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DEDICATED PRIME ORLANDO 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:

Jen Parks

\_\_\_\_\_  
Contact Person

CLAS Information Services

\_\_\_\_\_  
Firm/Company

2020 Hurley Way, Ste 350

\_\_\_\_\_  
Address

Sacramento, CA 95825

\_\_\_\_\_  
City, State and Zip Code

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

For further information concerning this matter, please call:

Jen Parks at ( 800 ) 952-5696  
\_\_\_\_\_  
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

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

1. DEDICATED PRIME ORLANDO 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. 03/10/2022

Date of Formation

4. Federal Employer Identification Number N/A

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

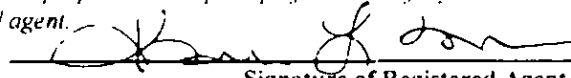
URS AGENTS, LLC

3458 Lakeshore Drive

Tallahassee, FL 32312

RECEIVED  
STATE  
18 MAR 8:35

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

Kristen Ellison,  
Asst. Secretary

7. Principal Office:

970 Lawrence Ave. W., Suite 401

Toronto, Ontario M6A 3B6

Canada

8. Mailing Address:

970 Lawrence Ave. W., Suite 401

Toronto, Ontario M6A 3B6

Canada

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: Dedicated Prime Orlando GP, LLC

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

Street Address: 970 Lawrence Ave. W., Suite 401

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

Toronto, Ontario M6A 3B6, Canada

Mailing Address: 970 Lawrence Ave. W., Suite 401

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

Toronto, Ontario M6A 3B6, Canada

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 17 day of March, 2022



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.17.155, F.S.

<b>Filing Fees:</b>	<b>\$1,000.00</b> (\$965 Filing Fee and \$35 Registered Agent Fee)
<b>Certified Copy (optional):</b>	<b>\$52.50</b>
<b>Certificate of Status (optional):</b>	<b>\$8.75</b>

# Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DEDICATED PRIME ORLANDO 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 SIXTEENTH DAY OF MARCH, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DEDICATED PRIME ORLANDO US, LP" WAS FORMED ON THE TENTH DAY OF MARCH, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



6668081 8300

SR# 20221029733

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202928661

Date: 03-16-22