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(R€	equestor's Name)			
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(Cil	ty/State/Zip/Phone	e #)		
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(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
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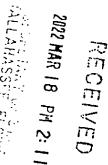
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03/18/22--01007--021 **1061.25





S. HAWKES

MAR - = 2021



March 21, 2022

FLORIDA FILING

SUBJECT: KOVALENKO PRIME ORLANDO LP

Ref. Number: W22000036875

We have received your document for KOVALENKO PRIME ORLANDO 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: 222A00006632

www.sunbiz.org

Pleuse reep 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

DATE:

03/18/22

NAME: KOVALENKO PRIME ORLANDO LP

TYPE OF FILING: PARTNERSHIP APPLICATION

COST:

1,061.25 - Check attached

RETURN: CERTIFIED COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: KOVALENKO PRIME ORLANDO LI)		
Name of Foreign Limited Partner	ership or Limited	Liability Limited Partnership	
The enclosed application, certificate of status and fee partnership to transact business in Florida. Please return all correspondence concerning this mat		register a foreign limited partnership or limited liability limited	
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, pleas	e call:		
Jen Parks	800 at (952-5696	
Name of Contact Person	Area Code a	nd 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 Fili and Certified		
Mailing Address: Registration Section		Street Address: Registration Section	
Division of Corporations	· · · · · · · · · · · · · · · · · · ·		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

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

1. KOVALENKO PRIME ORLANDO 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.

	business in Florida: m	o or limited liability limited oust contain acceptable suffi		to transa	
₂ Delaware		3.03/10/2022	\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.		
S	tate or Country of Formation	Date of Formation 7			
4. Federal Employ	er Identification Number: N/A				
	red Agent for Service of Process and Floa	rida Street Address:		. (, , , , , , , , , , , , , , , , , ,	
URS AGENTS, LL	C		110	<u>,</u>	
3458 Lakeshore Dr	ve			တ်	
Tallahassee, FL 323	312				
	(0)	nce of my duties, and I am fa			
7. Principal Office	:	8. Mailing Address:			
•		970 Lawrence Ave. W., Sui	0 Lawrence Ave. W., Suite 401		
Toronto, Ontario M6A 3B6 To		oronto, Ontario M6A 3B6			
Canada Car		Canada	nada		
9. If limited partn	ership is a limited liability limited partne	rship, check box. □			
·					
10. Name, princip	al office address, and mailing address of	each general partner:			
	al Office address, and mailing address of o	C	iner:		
Name of Genera	Dedicated Prime Orlando GP 11	.C Name of General Par	tner:		
	Dedicated Prime Orlando GP, LL	.C Name of General Par	tner:		
Name of General Street Address:	Dedicated Prime Orlando GP, LL 970 Lawrence Ave. W., Suite 401 Toronto, Ontario M6A 3B6, Canada 970 Lawrence Ave. W., Suite 401	Name of General Par Street Address:			
Name of Genera	Dedicated Prime Orlando GP, LL 970 Lawrence Ave. W., Suite 401 Toronto, Ontario M6A 3B6, Canada 970 Lawrence Ave. W., Suite 401	Name of General Par Street Address:			
Name of General Street Address: Mailing Address	Dedicated Prime Orlando GP, LL 970 Lawrence Ave. W., Suite 401 Toronto, Ontario M6A 3B6, Canada 970 Lawrence Ave. W., Suite 401 Toronto, Ontario M6A 3B6, Canada	Name of General Par Street Address: Mailing Address:			
Name of General Street Address: Mailing Address Name of General	Dedicated Prime Orlando GP, LL 970 Lawrence Ave. W., Suite 401 Toronto, Ontario M6A 3B6, Canada 970 Lawrence Ave. W., Suite 401 Toronto, Ontario M6A 3B6, Canada Partner:	Name of General Par Street Address: Mailing Address: Name of General Par	tner:		
Name of General Street Address: Mailing Address Name of General	Dedicated Prime Orlando GP, LL 970 Lawrence Ave. W., Suite 401 Toronto, Ontario M6A 3B6, Canada 970 Lawrence Ave. W., Suite 401 Toronto, Ontario M6A 3B6, Canada	Name of General Par Street Address: Mailing Address: Name of General Par	tner:		

Page 1 of 2

Name of General Partner	r:	Name of General Partner	
Street Address:		Street Address:	
Mailing Address:		Mailing Address:	
11. Effective date, if other ((Effective date cannot be pri Note: If the date inserted in t		ne date this document is filed by ble statutory filing requirement	v the Florida Department of State.) s, this date will not be listed as the
			delivery of this application to the tity's records in the jurisdiction under
Signed this	day of March		
	J)	'Anno	
	Signature	e of a general partner	<u> </u>

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

Page 2 of 2



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "KOVALENKO PRIME ORLANDO, 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 "KOVALENKO PRIME ORLANDO, 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.

Authentication: 202928668

Date: 03-16-22