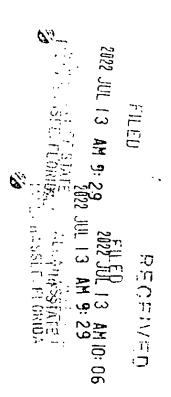
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	(Requestor's Name)	
	(Address)	
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	(City/State/Zip/Phone #)	
PICK-UF	wait	MAIL.
	(Business Entity Name)	
	(Document Number)	
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3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

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Name:	SUSO 5 No	orthlake LP	
Document #:			
Order #:	14438292		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of			
Apostille/Notarial Certification:		Country of Destination: Number of Certs:	
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Thank you!

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

SUSO 5 Northlak	e LP				
Acceptable Limited .	Partnership suffixes: Limited Partnersh	lity Limited Partnership, which must in hip, Limited, L.P., LP, or Ltd. Limited Liability Limited Partnership, L.	-		
If name unavailable		rship or limited liability limited partnersh a; must contain acceptable suffix.	ip proposes to re	gister t	o transact
2 DELAWARE		3. June 30, 2022			
	sate or Country of Formation	Date of Form	ation		
4. Federal Employe	er Identification Number: 88-3114872				
	red Agent for Service of Process and I				
C T Corporation Sy	-				
1200 South Pine Isl	and Road				
Plantation, Florida	33324				
my position as reg	gistered agent. CTCo	mance of my duties, and I am familiar wi proporation System Liberty Back Secular re of Registered Agent		Junga	
7. Principal Office:		8. Mailing Address:	9.4	2	
121 King Street W,	Suite 200	121 King Street W, Suite 200		922	
Toronto, Ontario M.	5H 3T9	Toronto, Ontario M5H 3T9	;.	Ę	
Canada		Canada		ယ	
9. If limited partne	ership is a limited liability limited par	tnership, check box.	in (c)	<u> </u>	
10. Name, principa	office address, and mailing address	of each general partner:	22	را وف	
Name of Genera	J Partner: SUSO 5 Northlake GP LLC	Name of General Partner:	₩ ,	قن:	
	121 King Street W, Suite 200	-			
Street Address:	Toronto, Ontario M5H 3T9 Canada	Street Address:			
			-		
Mailing Address	S:	Mailing Address:			
Name of Garage	d Dartner	Name of General Partner:			
Street Address:		Street Address:			
Mailing Address	s:	Mailing Address:			

Name of General P	artner:	Name of General Partner:	
Street Address:		Street Address:	
Mailing Address:		Mailing Address:	
Note: If the date inserte	ther than the date of filing: upon the prior to nor more than 90 days at in this block does not meet the ate on the Department of State's r	after the date this document is filed by the Florida Department of applicable statutory filing requirements, this date will not be listed	State.) as the
	State, by the Secretary of State or	ed, not more than 90 days prior to the delivery of this application to other official having custody of the entity's records in the jurisdict	
Signed this 11th	day of	,20 22	
		Ztul	
	Sig	gnature of a general partner	
		ets stated herein are true and the individual is aware that false informatitutes a third degree felony as provided for in s.817.155, F.S.	nation
Certi	g Fees: fied Copy (optional): ficate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75	

Page 2 of 2

Page 1



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

DELAWARE, DO HEREBY CERTIFY "SUSO 5 NORTHLAKE 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 TWELFTH DAY OF JULY, A.D. 2022.

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

Authentication: 203897881

Date: 07-12-22