

B230000000325

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

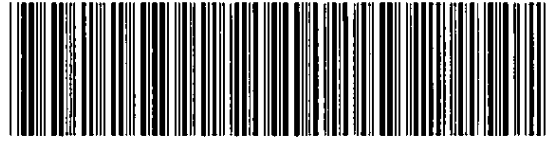
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W23-125555

Office Use Only



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08/28/23--01030--018 **1000.00

APPROVED
AND
FILED
2023 OCT 10 PM 2:36
CLERK OF SUPERIOR COURT
STATE OF WISCONSIN

OCT 10 2023
K. Brumley



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 14, 2023

MANDEEP SANDHU
4301 WATERCOLOR WAY
FORT MYERS, FL 33966

SUBJECT: MILANSO LIMITED PARTNERSHIP
Ref. Number: W23000125555

We have received your document for MILANSO LIMITED PARTNERSHIP and your check(s) totaling \$1000.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Any partner or agent of a partnership that is a legal or other commercial entity, and not an individual, must be organized or otherwise registered and maintain an active status with the Florida Department of State. It cannot be dissolved, revoked, canceled or withdrawn.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

Letter Number: 623A00021116

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MilanSo Limited Partnership

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:

Mandeep Sandhu

Contact Person

N/A

Firm/Company

4301 Watercolor Way

Address

Fort Myers, Florida, 33966

City, State and Zip Code

raj.opal20@gmail.com

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

For further information concerning this matter, please call:

Raj Opal at (604) 417-8180

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. MilanSo Limited Partnership

(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.L.P.

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. Missouri

State or Country of Formation

3. May 6, 2020

Date of Formation

4. Federal Employer Identification Number: 98-1575258

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

Mandeep Sandhu

4301 Watercolor Way

Fort Myers, Florida, 33966

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:

4301 Watercolor Way

Fort Myers, Florida, 33966

8. Mailing Address:

4301 Watercolor Way

Fort Myers, Florida, 33966

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OFFICE OF THE CLERK
STATE OF FLORIDA

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AND
FILED

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: No. 8480 Ventures Ltd.

Name of General Partner:

Street Address: 1291 Wellington Crescent

Street Address:

Richmond, BC, V7B1G6

Mailing Address: 2171 Stirling Avenue, Canada

Mailing Address:

Richmond, BC, V7B1J6, 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: August 24, 2023

(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 24 day of August, 2023



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

STATE OF MISSOURI



John R. Ashcroft
Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

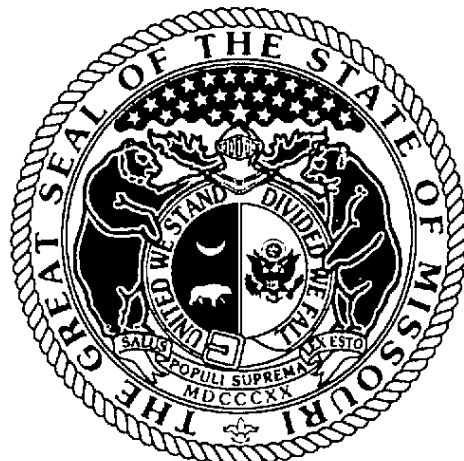
I, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

Milan.SO Limited Partnership
LP001411212

was created under the laws of this State on the 6th day of May, 2020, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 23rd day of August, 2023.


Secretary of State



Certification Number: CERT-08232023-0086