# B24000000121

(Requestor's Name)				
(Add	dress)			
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
	<del></del>			





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124 APR -5 PH 4: 52

# COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: DFX Technical Services USA, LP	
	nership or Limited Liability Limited Partnership
The enclosed application, certificate of status and fe partnership to transact business in Florida. Please return all correspondence concerning this ma	tes are submitted to register a foreign limited partnership or limited liability limited atter to:
Erez Michaeli	
Contact Person	<del></del>
DFX Technical Services USA, LP	
Firm/Company	<del></del>
11023 NW 18 PL	
Address	<del></del>
Plantation, FL 33322	
City, State and Zip Code	<del></del>
erez.michaeli@dfxtechnicalservices.com	
E-mail address: (to be used for future annual repor	rt notification)
For further information concerning this matter, pleas	se call:
Erez Michaeli	. 954 . 444-9037
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  Certified Copy, and Certificate of Status
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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

1. DFX Technical Services USA, LP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)

	Partnership suffixes: Limited Partner Liability Limited Partnership suffixes.				
If name unavailable	e, name under which the limited partn business in Flor		nited liability limi		egister to transac
2. Delaware		7	11/20/2023		
-·	tate or Country of Formation			ate of Formation	_
4. Federal Employe	er Identification Number: 93-452623	26			LUĽ4 APR
5. Name of Registe	red Agent for Service of Process and	d Florida S	treet Address:		·
Erez Michaeli					
11023 NW 18th Pla	nce				
Plantation, FL 3332	22				PH 4:
o. I hereby accept to of all statutes rel my position as rej		ordince of	nct in this capacity my duties, and I as  '  '  istered Agent	v. I further agree to comply v m familiar with and accept th	vith the provision e obligations of
7 Principal Office	••	.,	•		
			8. Mailing Address: 11023 NW 18 PL		
Plantation, FL 3332	2		tion, FL 33322		-
9. If limited partno	ership is a limited liability limited p	artnership,	check box.		-
10. Name, principa	al office address, and mailing addre	ess of each g	eneral partner:		
Name of Genera	Scott Lochhead		Name of General	Partner:	
Street Address:	348 Carlisle Road		Street Address:	10 Acredale Drive	
Carlisle, ON, I	Carlisle, ON, LOR 1111			Carlisle, ON, LOR 1H2	
Mailing Address: 348 Carlisle Road  Carlisle, ON, LOR 1H1	348 Carlisle Road		Mailing Address:	10 Acredale Drive	
	· ·			Carlisle, ON, LOR 1112	
Name of Genera	d Partner: Dane Wilson		Name of General	Partner: Erez Michaeli	
Street Address:	13 Preston Dr		Street Address:	11023 NW 18th PL	
	Orangeville, ON, L9W 0C6			Plantation, FL 33322	
Mailing Address	13 Preston Dr		Mailing Address:	11023 NW 18th PL	
	Orangeville, ON, L9W 0C6		aiiiig nuucos.	Plantation EL 33322	_

# Page 1 of 2

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 12TH day of February	1. Las.					
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

Page 2 of 2

Page 1

# Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "DFX TECHNICAL SERVICES USA 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 FOURTH DAY OF APRIL, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DFX TECHNICAL SERVICES USA LP" WAS FORMED ON THE TWENTIETH DAY OF NOVEMBER, A.D. 2023.

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

Authentication: 203183433

Date: 04-04-24

2653739 8300 SR# 20241308959

You may verify this certificate online at corp.delaware.gov/authver.shtml