

B24000000176

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

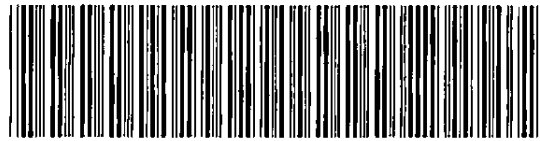
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000428482000

2024 MAY 29 AM 11:29

2024 MAY 29 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

MAY 30 2024

K. Brumbley

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com

incserv[®]

ORDER FORM

TO	Florida Department of State The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303 corphelp@dos.myflorida.com 850-245-6051	FROM	Melissa Moreau 850.656.7953
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REQUEST DATE 5/29/2024 **PRIORITY** , Regular Approval **OUR REF # (Order ID#)** 1259154

ORDER ENTITY
DEDICATED SONCETO ORLANDO US, LP

PLEASE PERFORM THE FOLLOWING SERVICES:
DEDICATED SONCETO ORLANDO US, LP (FL)

File the attached foreign qualification document and provide a certificate of status.

NOTES:
\$1,008.75 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dedicated Sonceto 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:

Sandi Larsen

Contact Person
CLAS Information Services

Firm/Company
1545 River Park Dr., Ste. 330

Address
Sacramento, CA 95815

City, State and Zip Code

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

For further information concerning this matter, please call:

Sandi Larsen at (916) 564-7800

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 Sonceto 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 L.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. Delaware

3. 05/07/2024

State or Country of Formation

Date of Formation

4. **Federal Employer Identification Number** _____

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

URS Agents LLC

3458 Lakeshore Drive

Tallahassee, FL 32312

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.*

/s/ Shawn Linan

Signature of Registered Agent

7. **Principal Office:**

970 Lawrence Ave. W., Ste. 801

Toronto, Ontario M6A 3B6

Canada

8. **Mailing Address:**

970 Lawrence Ave. W., Ste. 801

Toronto, Ontario M6A 3B6

Canada

2024 MAY 29 11:25

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 Sonceto Orlando GP, LLC

Name of General Partner: _____

Street Address: 970 Lawrence Ave. W., Ste. 801

Street Address: _____

Toronto, Ontario, M6A 3B6, Canada

Mailing Address: 970 Lawrence Ave. W., Ste. 801

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 24th day of May, 2024

/s/ Sorelle Simmons

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

Delaware

The First State

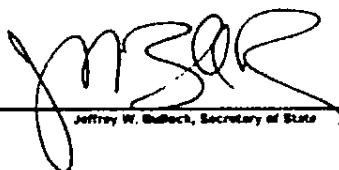
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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DEDICATED SONCETO ORLANDO US, LP" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF MAY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DEDICATED SONCETO ORLANDO US, LP" WAS FORMED ON THE SEVENTH DAY OF MAY, A.D. 2024.

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




Jeffrey W. Bullock, Secretary of State

3613822 8300
SR# 20242568835

Authentication: 203579020

Date: 05-29-24