

B24000000226

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W24-98341

Office Use Only



800432054448

06/28/24--01006--001 **1008.75

RECEIVED

JUN 27 2024

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
24 JUL 10 PM 3:02

MS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 2, 2024

BEN REYES
6075 W COMMERICAL BLVD
TAMARAC, FL 33319 US

SUBJECT: ACONCAGUA LP
Ref. Number: W24000098341

We have received your document for ACONCAGUA LP and check(s) totaling \$1008.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

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

Ariel Jones
Regulatory Specialist II

Letter Number: 324A00014482

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ACONCAGUA 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:

BEN REYES

Contact Person

CBS FINANCIAL CPA

Firm/Company

6075 W COMMERCIAL BLVD

Address

TAMARAC, FL 33319

City, State and Zip Code

BEN@CBSFINANCIALCPA.COM

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

For further information concerning this matter, please call:

BEN REYES

at (954) 724-4141

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> \$1,000.00 Filing Fee
(S965 Filing Fee and
\$35 Registered Agent
Fee) | <input checked="" type="checkbox"/> \$1,008.75 Filing Fees
and Certificate of
Status | <input type="checkbox"/> \$1,052.50 Filing Fees
and Certified Copy | <input type="checkbox"/> \$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. ACONCAGUA 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.

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. CANADA

State or Country of Formation

3. 11/13/2023

Date of Formation

4. Federal Employer Identification Number: _____

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

CBS FINANCIAL CPA

6075 W COMMERCIAL BLVD

TAMARAC, FL, 33319

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 obligation of my position as registered agent.

Signature of Registered Agent

7. Principal Office:

45B WEST WILMOT ST.201

RICHMOND HILL, ONTARIO,

CANADA, L4B2P3

8. Mailing Address:

6075 W COMMERCIAL BLVD

TAMARAC, FL, 33319

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: CLAUDIO GUILLERMO SCHIESS

Name of General Partner: _____

Street Address: SPITTELWEG 1A, BRITTNAU 4805

Street Address: _____

SWITZERLAND

Mailing Address: 6075 W COMMERCIAL BLVD

Mailing Address: _____

TAMARAC, FL, 33319

Name of General Partner: _____ Name of General Partner: _____

Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

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SECRETARY OF CORPORATIONS
24 JUL 10 PM 3:02

Name of General Partner: _____ Name of General Partner: _____

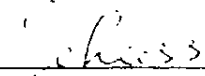
Street Address: _____ Street Address: _____

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 Wednesday 19th day of June, 2024



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

CERTIFICATION

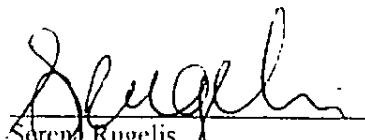
We, **A & P Intertrust Corporation**, being the Organizer of **ACONCAGUA LP** ("the Company") do hereby certify that the Company was formed under the Limited Partnerships Act, 1990 on November 13, 2023.

We further certify that according to the records of the Company, on the date of this certification attached hereto are:


- Copy of the Declaration of an Ontario Limited Partnership
- Copy of the Declaration Information
- Copy of the Organizational Resolutions of the General Partners
- Copy of the Partnership Agreement
- Copy of the Register of General Partner(s)
- Copy of the Register of Limited Partner(s)
- Copy of the Resolutions Admitting of LP 1
- Copy of the Resolutions Admitting of LP 2
- Copy of the Explanatory Resolution Admitting of LP 1
- Copy of the Explanatory Resolution Admitting of LP 2

Dated this 16th day of November, 2023.

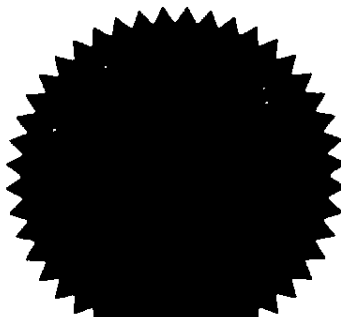
For and on behalf of
A & P Intertrust Corporation


Serena Rugelis
Managing Director

Signed before me by Serena Rugelis, in the City of Richmond Hill, in the Province of Ontario, in the Country of Canada, this 16th day of November, 2023.


A Notary Public in and for the Province of Ontario

ROLAND N. MARK
Barrister & Solicitor
405 - 15 Wartheim Court
Richmond Hill, Ont. L4B 3H7
Tel: (905) 709-9619
Fax: (905) 709-9520



Declaration of an Ontario Limited Partnership

Limited Partnerships Act

Déclaration d'une société en commandite de l'Ontario

Loi sur les sociétés en commandite

ACONCAGUA LP

Firm Name / Raison sociale

1000707856

Business Identification Number / Numéro d'identification d'entreprise

This is to certify that the above named limited partnership declaration has been filed under the laws of the Province of Ontario.

La présente vise à attester que la déclaration de la raison sociale de la société en commandite citée ci-dessus a été déposée conformément aux règles de droit de la province de l'Ontario.

Declaration Date: November 13, 2023

Date de déclaration: 13 novembre 2023

Expiry Date: November 12, 2028

Date d'expiration: 12 novembre 2028

V. Quintanilla W.

Registrar / Registrateur

Limited Partnerships Act / Loi sur les sociétés en commandite

This certificate is not complete without the Declaration Information.

Certified a true copy of the record of the
Ministry of Public and Business Service Delivery.

V. Quintanilla W.

Director/Registrar



Le présent certificat n'est pas complet sans les renseignements afférents à la déclaration.

Copie certifiée conforme du dossier du
ministère des Services au public et aux
entreprises.

V. Quintanilla W.

Directeur ou registrateur