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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FOREIGN PROFIT/NONPROFIT CORPORATION COMMUNITY PARTNERS (USA) GP INC.

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TALLAHASSEE, FINDERS

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Community Partners (USA) GP Inc.	
Name of corporation - must	include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Author "Certificate of Existence," or "Certificate of Good Standing" above referenced foreign corporation to transact business in F	and check are submitted to register the
Please return all correspondence concerning this matter to the	following:
Michael Bellman	
Name of Person	
Community Partners (USA) GP Inc.	•
Firm/Company	
162 Cumberland Street, Suite 300	
Address	
Toronto, Ontario M5R 3N5	
City/State and Zip	code
mbeliman@revest.com	
E-mail address: (to be used for futu	re annual report notification)
For further information concerning this matter, please call;	i. De la la companya di kacamatan d
Courtney L. Scanlon ,716 ,848	J-1538
Name of Person Area Code &	-)538 Daytime Telephone Number
New Filing Section	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallshassee, FL 32314
Tallahassee, FL 32301	
Enclosed is a check for the following amount:	
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☑ \$78.75 Certificate of Status Certi	
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under the law of which it is incorporated.

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT

		T BUSINESS IN THE STATE OF FLORIDA.
	mers (USA) GP Inc.	
(Enter name of co	orporation; must include 'INCORPORATI orp," "Inc," "Co," or "Corp.")	ED," "COMPANY," "CORPORATION,"
III., Co., C	orp, ma, co, or corp.)	
(If name unavails	ble in Florida, enter alternate corporate na	me adopted for the purpose of transacting business in Florida)
Dolaware	•	3.
State or country	under the law of which it is incorporated)	(FBI number, if applicable)
09/03/2013		5. perpetual
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
N/A		·
	(Date first transacted busines (SEB SECTIONS 607.1501 & 60	ss in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability)
162 Cumberland	Street, Suite 300, Toronto, Ontario M5R 3	NS ·
	(Principal office	address)
162 Cumberland	Street, Suite 300, Toronto, Omario M5R 3	N5
	(Current mailing cral Partner for a Limited Partnership	
(Purpose(s) of corporation authorized in home state o	r country to be carried out in state of Florida)
Name and stree	t address of Florida registered agent:	(P.O. Box NOT acceptable)
Name and stree Name:	t address of Florida registered agent: (C T Corporation System	(P.O. Box NOT acceptable)
		(P.O. Box <u>NOT</u> acceptable)
Name:	C T Corporation System	23224
Name:	C T Corporation System 1200 South Pine Island Road	(P.O. Box NOT acceptable) , Florida 33324 (Zip code)
Name: fice Address:	C T Corporation System 1200 South Pine Island Road Plantation (City)	Florida 23324 (Zip code)
Name: fice Address: . Registered ag tring been nam	C T Corporation System 1200 South Pine Island Road Plantation (City) cent's acceptance: ed as registered agent and to accept so	, Florida 33324 (Zip code) civice of process for the above stated corporation at the p
Name: fice Address: Registered agring been namingnated in this	C T Corporation System 1200 South Pine Island Road Plantation (City) gent's acceptance: ed as registered agent and to accept so application, I hereby accept the appoint	, Florida 33324 (Zip code) civice of process for the above stated corporation at the pilatnent as registered agent and agree to act in this capaci
Name: Tice Address: Registered agreing been namsignated in this rther agree to co	CT Corporation System 1200 South Pine Island Road Plantation (City) gent's acceptance: ed as registered agent and to accept so application, I hereby accept the appointment with the provisions of all statut	, Florida 33324 (Zip code) civice of process for the above stated corporation at the p
Name: ffice Address: Registered agaring been namsignated in this rther agree to co	CT Corporation System 1200 South Pine Island Road Plantation (City) Tent's acceptance: ed as registered agent and to accept so application, I hereby accept the appointment with and accept the obligation CT Corporation System Magaul E Laural	Florida 33324 (Zip code) ervice of process for the above stated corporation at the pulntment as registered agent and agree to act in this capacies relative to the proper and complete performance of my is of my position as registered agent. MARGARET E. ROUTZAHN Special Assistant Secretary
Name: ffice Address: Registered agaring been namsignated in this rther agree to co	CT Corporation System 1200 South Pine Island Road Plantation (City) sent's acceptance: ed as registered agent and to accept so application, I hereby accept the appointment with the provisions of all statute amiliar with and accept the obligation	Florida 33324 (Zip code) ervice of process for the above stated corporation at the pulntment as registered agent and agree to act in this capacies relative to the proper and complete performance of my is of my position as registered agent. MARGARET E. ROUTZAHN Special Assistant Secretary

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DIRECTORS		
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ress:		
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Chairman:	The state of the s	and the state of t
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Greg Coleman		
	cet, Suite 300, Toronto, Ontario M5R 3N5	A Company of the Comp
Michael Bellman	,	
	ect, Suite 300, Toronto, Ontario MSR-3N5	
as:	**************************************	
		
Officers	• • •	
ident: Greg Coleman	4	<u> </u>
ness. 162 Cumberland Str	reet, Suite 300. Toronto, Ontario M5R 3N5	•
President:		
President:		
President:		
President:ess;Michael Bellman		
President:	cet, Suite 300, Toronto, Ontario M5R 3N5	
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ress: Michael Bellman 162 Cumberland Stress: 162 Cumberland Stress: 162 Cumberland Stress:	cet, Suite 300, Toronto, Ontario M5R 3N5 eet, Suite 300, Toronto, Ontario M5R 3N5 as attach an addition to the application listing addition signature of Director or Officer	onal officers and/or directors.
ress: Michael Bellman 162 Cumberland Stress: 162 Cumberland Stress: 162 Cumberland Stress: TE: If necessary, you may officer or director signing	cet, Suite 300, Toronto, Ontario M5R 3N5 eet, Suite 300, Toronto, Ontario M5R 3N5 eet attach an addendium to the application listing addition	onal officers and/or directors.
ress: Michael Bellman 162 Cumberland Stress: 162 Cumberland Stress: 162 Cumberland Stress: TE: If necessary, you may officer or director signifure and that he or she is	cet, Suite 300, Toronto, Ontario MSR 3N5 eet, Suite 300, Toronto, Ontario MSR 3N5 say attach an addendum to the application listing additional action of Director or Officer and this document (and who is listed in number 12 above aware that false information submitted in a document yided for in 6.817.153, F.S.	onal officers and/or directors.

Delaware

DACE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COMMUNITY PARTNERS (USA) GP INC."

IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF SEPTEMBER, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

5392857 8300

131056209

You may varify this cortificate online at corp. dolarker, gov/authver, shtml

Jeffrey W. Bullock, Secretary of State

THENTS CATION: 0712448

DATE: 09-05-13