Division of Corporations P14000081123

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6381

Please retain original filing date of submission 9/29

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.

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FLORIDA PROFIT/NON PROFIT CORPORATION
Marctide GP Inc.

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	$78.75

Attn: Andy Dunlap

OCT - 2 2014
A. DUNLAP

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 30, 2014

C T CORPORATION SYSTEM

SUBJECT: MARCTIDE GP INC.
REF: W14000059603

We have received your document for MARCTIDE GP INC. and your check(s) totaling $. However, the enclosed document has not been filed and is being returned for the following correction(s):

The electronic filing cover sheet submitted with your document reflects the incorrect type of document. The cover sheet must reflect the type of document you are filing. Please generate a new fax audit cover sheet under the appropriate document type. When resubmitting your document for filing, please also send a copy of the incorrect cover sheet marked "ABANDONED".

If you have any further questions concerning your document, please call (850) 245-6052.

Thomas Chang
Regulatory Specialist II
New Filing Section

FAX Aud. #: H14000227784
Letter Number: 414A00020874

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BUREAU OF COMMERCIAL
INFORMATION SERVICES

RE-SUBMIT
Please refer to original filing
date of submission 9/29

P.O BOX 6327 – Tallahassee, Florida 32314

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: MARCTIDE GP INC.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ $70.00 Filing Fee	☐ $78.75 Filing Fee & Certificate of Status	☒ $78.75 Filing Fee & Certified Copy	☐ $87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: Kim Maxwell Ward
Name (Printed or typed)

161 Bay Street, Suite 4410, Box 514, TD Canada Trust Tower, Brookfield Place
Address

Toronto, Ontario M5J 2S1
City, State & Zip

416-365-3663
Daytime Telephone number

KWard@Interward.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME
The name of the corporation shall be: MARCTIDE OP INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address	Mailing address, if different is:
161 Bay Street, Suite 4410, Box 514	
TD Canada Trust Tower, Brookfield Place	
Toronto, Ontario M5J 2S1	

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: To act as a General Partner for a Limited Partnership

ARTICLE IV SHARES
The number of shares of stock is: 200 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	Kim Maxwell Ward, Director	Name and Title:	Kim Maxwell Ward, President
Address	161 Bay Street, Suite 4410, Box 514	Address:	161 Bay Street, Suite 4410, Box 514
	TD Canada Trust Tower, Brookfield Pl.		TD Canada Trust Tower,Brookfield Pl.
	Toronto, Ontario M5J 2S1		Toronto, Ontario M5J 2S1
Name and Title:	Kim Maxwell Ward, Secretary	Name and Title:	Kim Maxwell Ward, Treasurer
Address	161 Bay Street, Suite 4410, Box 514	Address:	161 Bay Street, Suite 4410, Box 514
	TD Canada Trust Tower, Brookfield Pl.		TD Canada Trust Tower,Brookfield Pl.
	Toronto, Ontario M5J 2S1		Toronto, Ontario M5J 2S1
Name and Title:		Name and Title:	
Address		Address:	

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TALLAHASSEE, FLORIDA

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(cont.)

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

_____ _____

_____ _____

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TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Kim Maxwell Ward

Address: 970 Cape Marco Drive, Unit 2303,Belize Condo Minium,

Marco Island, FL 34145

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Courtney L. Scanlon

Address: 140 Pearl Street, Suite 100

Buffalo, NY 14202

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

By: Kim Maxwell Ward 09/29/2014

Required Signature/Registered Agent Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

09/29/2014

Required Signature/Incorporator Date

Courtney L. Scanlon