Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000156159 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

Email Address:

## FLORIDA/FOREIGN LP/LLLP KINGS RETAIL LP

Certificate of Status	1
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Page Count	03
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Corporate Filing Menu

Help

## CERTIFICATE OF LIMITED PARTNERSHIP FLORIDA LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

15612148442

KINGS RETAIL LP	_
Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited artnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership affixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.	
400 Clematis Street, Suite 201	
(Street address of initial designated office)	_
West Palm Beach, FL 33401	
	-
Corporate Creations Naturally Inc	
Corporate Creations Network Inc.  (Name of Registered Agent for Service of Process)	_
801 US Highway 1	_
(Florida street address for Registered Agent)	
North Palm Beach, FL 33408	_
b. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to with the provisions of all statutes relative to the proper and complete performance of my duties, and I am fixith and accept the obligations of my position as registered agent.  Addler Release Ashley Perkins, Special Secretary	amiliar
Signature of Registered Agent	221
2851 John Street, Suite One, Markham, Ontario L3R 5R7	# #: 2022 APR 2
(Mailing address of initial designated office)  (G. G. G	9 :
7. If limited partnership elects to be a limited liability limited partnership, check box	

Page 1 of 2

<ol><li>Name and business address of eac Name:</li></ol>	n general partner: Business Addres	<u>s:</u>		
NADG (US) GENERAL PARTNER, INC.	2851 John Street, S	uite Onc		
	Markham, Ontario	Markham, Ontario L3R 5R7		
	<del></del>			
	_			
9. Effective date, if other than the d (Effective date cannot be prior to not the Florida Department of State.) Note: If the date inserted in this block this date will not be listed as the doc	or more than 90 days afte ck does not meet the app	licable statutory filing requiremen		
Signed this 29th	_ day of April	,2022		
Signature of each general partner: I/herein are true. I/We am/are aware t Department of State constitutes a th	We submit this documer hat any false information	submitted in a document to the		
	NADG (US) GE	NERAL, INC., General Partner		
	By: Michael Cr	osby, Vice President		
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing F \$52.50 \$8.75 Page 2 of 2	ee and \$35 Registered Agent Fee)		