

A23000000068

(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

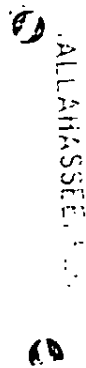


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2023 FEB - 3 AM 9:08

2023 FEB - 3 AM 10:18

RECEIVED



S. ROBERTS

FEB - 6 2023

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 02/03/2023

****WALK IN****

ENTITY NAME B Squared 080919 Limited Partnership

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXX

XXXXXX

Plain Copy
Certified Copy
Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments
Certificate of Good Standing

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$1061.25

ACCOUNT #: I20160000072

E R JAO

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: B Squared 080919 Limited Partnership
Name of Florida Limited Partnership or Limited Liability Limited Partnership ship

The enclosed Certificate of Limited Partnership and fees are submitted for filing. ng.

Please return all correspondence concerning this matter to: to:

Eric Miller

Name of Person

Altro LLP

Firm/Company

155 University Avenue, Suite 300

Address

Toronto, Ontario, M5H 3B7

City/State and Zip code

emiller@altrolaw.com

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

For further information concerning this matter, please call:

Eric Miller

at (416)

477-8165

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)
- \$1,008.75 Filing Fees and Certificate of Status us
- \$1,052.50 Filing Fees and Certified Copy
- \$1,061.25 Filing Fees, , Certified Copy, and Certificate of Status us

STREET ADDRESS:

Registration Section Division
of Corporations Clifton
Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL
3231414

**CERTIFICATE OF LIMITED PARTNERSHIP
FOR
FLORIDA LIMITED PARTNERSHIP
OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. **B Squared 080919 Limited Partnership**

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) *Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., L.P., or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or L.L.L.P.*

2. 7901 4th St N STE 300, St. Petersburg, FL 33702, USA

(Street address of initial designated office)

3. Northwest Registered Agent LLC

(Name of Registered Agent for Service of Process)

4. 7901 4th St N STE 300, St. Petersburg, FL 33702, USA

(Florida street address for Registered Agent)

5. *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/ Tom Glover

Signature of Registered Agent

6. 50 Arcadia Road, Caledon, Ontario, Canada, L7C 3W6

(Mailing address of initial designated office)

7. If limited partnership elects to be a limited liability limited partnership, check box .

8. Name and business address of each general partner:

Name:

Business Address:

1000423211 ONTARIO INC.

7901 4th St N, Ste 300

St. Petersburg, Florida, 33702

9. Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date the 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.

Signed this 31st day of January, 2023

Signature of each general partner: I/We submit this document and affirm that the facts stated herein are true. I/We am/are aware that any 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.

/s/ NANCY BADRIA

NANCY BADRIA, President
of 1000423211 ONTARIO INC.

Filing Fees: \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent
Certified Copy (optional): Fee) \$52.50
Certificate of Status \$8.75
(optional):