

B20000000254

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

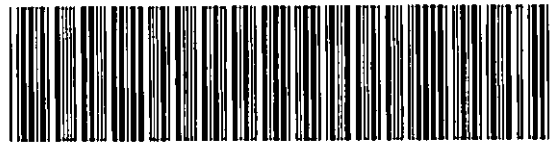
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W20000129318

Office Use Only



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11/05/20--01015--014 **1061.25

2020 NOV 19 PM 3:11

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11/19/20



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 10, 2020

BOYD KALNAY
33 KALNAY LANE
BELLEVILLE
ONTARIO, CANADA K8P 5K7,

SUBJECT: ORCHID BEACH LIMITED PARTNERSHIP
Ref. Number: W20000129318

We have received your document for ORCHID BEACH LIMITED PARTNERSHIP and your check(s) totaling \$1061.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The limited partnership name designated in the document is not available since it is the same as, or not distinguishable from the name of another entity on file with this office. Please select a new name and make the substitution in all the appropriate places.

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Yvette Scott
Document Specialist II

Letter Number: 420A00022542

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Orchid Beach Limited Partnership
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:

Boyd Kalnay
Contact Person
Orchid Beach Limited Partnership
Firm/Company
33 Kalnay Lane
Address
Belleville, Ontario, Canada K8P 5K7
City, State and Zip Code
bkalnay@finnrivercorp.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Boyd Kalnay at (613) 849-8486
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

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

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**APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP
TO TRANSACT BUSINESS IN FLORIDA**

1. Orchid Beach Limited Partnership

(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. Ontario, Canada

3. 2008-03-19

State or Country of Formation

Date of Formation

4. Federal Employer Identification Number 98-1329518

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

Registered Agents Inc.

7901 4th St. N, Ste 300

St. Petersburg, FL 33702

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 obligations of my position as registered agent.

Bill Name
Signature of Registered Agent

7. Principal Office:

2420-161 Bay Street

Toronto, Ontario M5J 2S1

Canada

8. Mailing Address:

33 Kalnay Lane

Belleville, Ontario K8P 5K7

Canada

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: Boyd Kalnay as Trustee for Lido Key Trust

Name of General Partner: _____

Street Address: 2420-161 Bay Street

Street Address: _____

Toronto, Ontario M5J 2S1

Mailing Address: 33 Kalnay Lane

Mailing Address: _____

Belleville, Ontario Canada K8P 5K7

Name of General Partner: _____

Name of General Partner: _____

Street Address: _____

Street Address: _____

Mailing Address: _____

Mailing Address: _____

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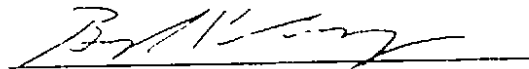
Name of General Partner: _____ Name of General Partner: _____
 Street Address: _____ Street Address: _____

 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 6th day of October, 2020



Signature of a general partner

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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

Request ID: 025063691
Transaction ID: 76705106
Category ID: UNE

Province of Ontario
Ministry of Government Services

Date Report Produced: 2020/09/28
Time Report Produced: 15:56:10
Page: 1

LIMITED PARTNERSHIPS REPORT

Firm name registered under the *Limited Partnerships Act*
ORCHID BEACH LIMITED PARTNERSHIP

Business Identification Number
180301269

Business Type
LIMITED PARTNERSHIP

2520 NOV 19 15:53:11

Mailing Address

3 HARPER GARDENS
TORONTO
ONTARIO
CANADA, M4T 1L4

Address of Principal Place of Business in Ontario

3 HARPER GARDENS
TORONTO
ONTARIO
CANADA, M4T 1L4

General Nature of Business
SECURITIES / REAL ESTATE

Jurisdiction of Formation
ONTARIO

Declaration Date
2008/03/19

Expiry Date
2023/03/16

Renewal Date
2018/03/08

Change Date(s)
NOT APPLICABLE

Last Document Filed
RENEWAL

Dissolution/Withdrawal Date
NOT APPLICABLE

Last Document Filed Date
2018/03/08

Current Partnership Business Names Exist:
NO

Expired Partnership Business Names Exist:
NO

Former Names
NOT APPLICABLE

Date of Name Change

Request ID: 025063691
Transaction ID: 76705106
Category ID: UN/E

Province of Ontario
Ministry of Government Services

Date Report Produced: 2020/09/28
Time Report Produced: 15:56:10
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LIMITED PARTNERSHIPS REPORT

Firm name registered under the *Limited Partnerships Act*
ORCHID BEACH LIMITED PARTNERSHIP

Business Identification Number
180301269

Business Type
LIMITED PARTNERSHIP

Information Regarding General Partner(s)

Name (Individual/Corporation/Other)

LIDO KEY TRUST

Address

3 HARPER GARDENS

TORONTO
ONTARIO
CANADA, M4T 1L4

Name of Signatory

KALNAY, BOYD

Power of Attorney

NO

Former Limited Partnership Names will only be displayed for Declarations registered on or after April 1, 1994.

This Report sets out the most recent information registered on or after April 1, 1994 and recorded in the Ontario Business Information System as of the last business day.

The issuance of this report in electronic form is authorized by the Ministry of Government Services.

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