DOC ID ----> 202207701260

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
03/21/2022	202207701260	LIMITED PARTNERSHIP REGISTRATION (CLP)	99.00	0.00	0.00	0.00

Receipt

This is not a bill. Please do not remit payment.

STATESIDE APM
6445 CITATION DRIVE
SUITE F
CLARKSTON, MI 48346

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Frank LaRose

4837701

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

SUTHERLAND NESBITT L.P.

and, that said business records show the filing and recording of:

Document(s)	Document No(s):
LIMITED PARTNERSHIP REGISTRATION	**202207701260**

Effective Date: 03/18/2022

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 21st day of March, A.D. 2022.

Ohio Secretary of State

DOC ID ----> 202207701260

Form 531A Prescribed by:

Frank LaRose
Ohio Secretary of State

Date Electronically Filed: 3/18/2022

Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

OhioSoS.gov | business@OhioSoS.gov

File online or for more information: OhioBusinessCentral.gov

Certificate of Domestic Limited Partnership
Filing Fee: $99
(141-CLP)
Form Must Be Typed

Name of the Partnership

SUTHERLAND NESBITT L.P.

Name must include one of the following words or abbreviations: "Limited Partnership," "L.P.," "Limited." or "Ltd."

Address of the Partnership's Principal Place of Business

6837 CHASE RD

Mailing Address

DEARBORN

City

MI

State

48126

ZIP Code

Effective Date (Optional)

3/18/2022

Date

(The status of the partnership as a limited partnership begins upon the filing of the certificate or on a later date specified that is not more than ninety days after filing)

Name and Address of Each General Partner

Name	Business or Residential Address
6 MINUTE LLC	2067 WENDEL ST WELLESLEY CANADA N0B 2T0

Original Appointment of Statutory Agent

The undersigned authorized representative(s) of

SUTHERLAND NESBITT L.P.

(Name of Limited Partnership)

hereby appoint the following to be Statutory Agent upon whom any process, notice or demand required or permitted by statute to be served upon the limited partnership may be served. The complete address of the agent is:

STATESIDE APM

(Name of Statutory Agent)

5813 MONROE STREET, SUITE 159

(Mailing Address)

SYLVANIA	OH	43560
(Mailing City)	(Mailing State)	(Mailing ZIP Code)

Acceptance of Appointment

The Undersigned, named herein as the statutory agent for

SUTHERLAND NESBITT L.P.

(Name of Limited Partnership)

hereby acknowledges and accepts the appointment of agent for said limited partership.

BRENT GREEN

(Individual Agent's Signature / Signature on Behalf of Corporate Agent)

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Must be signed by all general partners.

If general partner is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If general partner is a business entity, not an individual, then please print the business name in the "signature" box, a general partner of the business entity must sign in the "By" box and print their name in the "Print Name" box.

6 MINUTE LLC
Signature

GLEN SUTHERLAND
By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name