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(Requestor's Name)

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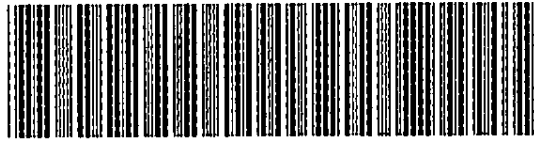
(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



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09/16/19--01027--022 **1006.75

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TALLAHASSEE, FLORIDA

Special Instructions to Filing Officer:

2nd Repeat
W19000093034

W19000087740

Office Use Only

Y SCOTT
OCT 29 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 19, 2019

ROBERT A. BEHAR
5555 SAN FELIPE
SUITE:1135
HOUSTON, TX 77056

SUBJECT: SUMMIT CAPITAL PARTNERS-TALLAHASSEE IV, LP
Ref. Number: W19000093034

We have received your document for SUMMIT CAPITAL PARTNERS-TALLAHASSEE IV, LP and your check(s) totaling \$1008.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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: 719A00021632



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 24, 2019

ROBERT BEHAR
5555 SAN FELIPE, STE 1135
HOUSTON, TX 77056

SUBJECT: SUMMIT CAPITAL PARTNERS - TALLAHASSEE IV. LP
Ref. Number: W19000086110

We have received your document for SUMMIT CAPITAL PARTNERS - TALLAHASSEE IV. LP and your check(s) totaling \$1008.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

Brooke N Kinsey
Regulatory Specialist II

Letter Number: 719A00019694

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Summit Capital Partners - Tallahassee IV, LP

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:

Robert A. Behar

Contact Person

Summit Capital Partners - Tallahassee IV, LP

Firm/Company

5555 San Felipe, Suite 1135

Address

Houston, Texas 77056

City, State and Zip Code

rab@summitcp.com

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

For further information concerning this matter, please call:

J. Douglas Sutter at (713) 595-6000

Name of Contact Person

Area Code and 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
- \$1,052.50 Filing Fees and Certified Copy
- \$1,061.25 Filing Fee, Certified Copy, and Certificate of Status

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 32314

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. Summit Capital Partners - Tallahassee IV, LP

(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 L.L.P.

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. Nevada

3. June 24, 2019

State or Country of Formation

Date of Formation

4. Federal Employer Identification Number 35-2668737

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

Registered Agents Inc.

7901 4th Street N, Suite 300

St. Petersburg, Florida 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 Hume
Signature of Registered Agent

7. Principal Office:

5555 San Felipe, Suite 1135

Houston, Texas 77056

8. Mailing Address:

5555 San Felipe, Suite 1135

Houston, Texas 77056

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: Summit Capital Partners - Tallahassee IV GP, LLC

Street Address: 5555 San Felipe, Suite 1135

Houston, Texas 77056

Mailing Address: 5555 San Felipe, Suite 1135

Houston, Texas 77056

Name of General Partner: _____

Street Address: _____

Mailing Address: _____

Name of General Partner: _____

Street Address: _____

Mailing Address: _____

Name of General Partner: _____

Street Address: _____

Mailing Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name of General Partner: _____ Name of General Partner: _____

Street Address: _____ Street Address: _____

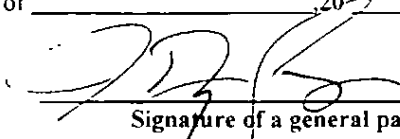
Mailing Address: _____ Mailing Address: _____

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TALLAHASSEE FLORIDA

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 filed 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 10th day of September, 2019

 Atty-in-Fact
Signature of a general partner

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

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada standing Revised Statutes which are either presently in a status of good standing or were in good for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **SUMMIT CAPITAL PARTNERS- TALLAHASSEE IV, LP**, as a DOMESTIC LIMITED PARTNERSHIP (87A) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 06/24/2019, and is in good standing in this state.

I further certify that the above DOMESTIC LIMITED PARTNERSHIP (87A) has its formation document and no amendments on file in this office as of the date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 09/09/2019.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State



Certificate Number: B20190909206288

You may verify this certificate
online at <http://www.nvsos.gov>

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TALLAHASSEE, FLORIDA