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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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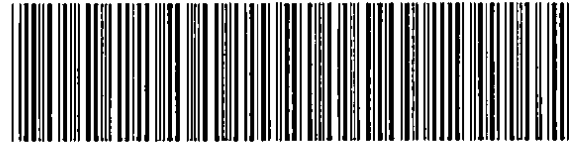
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Summit Capital Partners - Tallahassee V, 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 V, 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 Suter 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

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

1. Summit Capital Partners - Tallahassee V, 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.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

State or Country of Formation

3. September 10, 2019

Date of Formation

4. Federal Employer Identification Number 36-4949421

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

Registered Agent 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 Name

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

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STATE OF FLORIDA  
DEPARTMENT OF STATE

9. If limited partnership is a limited liability limited partnership, check box:

10. Name, principal office address, and mailing address of each general partner:

(S) 9000010012  
Name of General Partner: Summit Capital Partners - Tallahassee V GP, LLC

Name of General Partner: \_\_\_\_\_

Street Address: 5555 San Felipe, Suite 1135

Street Address: \_\_\_\_\_

Houston, Texas 77056

Mailing Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Name of General Partner: \_\_\_\_\_

Name of General Partner: \_\_\_\_\_

Street Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Name of General Partner: \_\_\_\_\_ Name of General Partner: \_\_\_\_\_

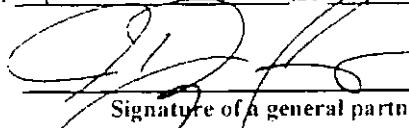
Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_

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 1st day of November, 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

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FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

# 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 V, LP**, as a DOMESTIC LIMITED PARTNERSHIP (S7A) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 09/10/2019, and is in good standing in this state.

I further certify that the above DOMESTIC LIMITED PARTNERSHIP (S7A) 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 09/25/2019.

*Barbara K. Cegavske*

BARBARA K. CEGAVSKE  
Secretary of State

Certificate Number: B20190925245212

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