

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FILED
19 APR -9 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019-04-09 PM 4:02

FLORIDA/FOREIGN LP/LLLP

Maxorplus, Ltd.

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$1,061.25

Please file after fax sheet H19000117435 3

Electronic Filing Menu

Corporate Filing Menu

Help

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

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Maxorplus, LTD.

(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. Texas

State or Country of Formation

3. 11/13/1996

Date of Formation

4. Federal Employer Identification Number: 75-2676894

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

C.T. Corporation System1200 South Pine Island RoadPlantation, Florida 33324

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.

By: C.T. Corporation System

Signature of Registered Agent

Linda Stauffer
Linda Stauffer, Assistant Secretary

7. Principal Office:

320 South Polk Street Suite 800Suite 800Amarillo TX 79101

8. Mailing Address:

320 South Polk StreetSuite 800Amarillo TX 791019. 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: MNPS, LLC

Name of General Partner: _____

Street Address: 320 South Polk Street Suite 800

Street Address: _____

Amarillo TX 79101Mailing Address: 320 South Polk Street Suite 800

Mailing Address: _____

Amarillo TX 79101

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

Street Address: _____ Street Address: _____

Mailing 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: _____

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 April, 2019

Michael Ellis Michael Ellis for MNPS, LLC
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

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



David Whitley
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate Of Limited Partnership for MAXORPLUS, LTD. (file number 9323110), a Domestic Limited Partnership (LP), was filed in this office on November 13, 1996.

It is further certified that the entity status in Texas is in existence.

It is further certified that our records indicate NATIONAL REGISTERED AGENTS, INC. as the designated registered agent for the above named entity and the designated registered office for said entity is as follows:

1999 BRYAN ST., STE. 900

DALLAS, TX - 75201 3136 USA

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on January 31, 2019.



A handwritten signature in black ink, appearing to read "David Whitley".

David Whitley
Secretary of State

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TALLAHASSEE, FLORIDA