

CT CORPORATION

B020000000191

CORPORATION(S) NAME

Williams OLP, L.P.

FILED
JUN -3 PM 12:38
TALLAHASSEE, FLORIDA

700005665107- 3

-06/03/02--01005--008

*****36.25 *****36.25

<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input checked="" type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input checked="" type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	<input type="checkbox"/> Change of RA
	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input checked="" type="checkbox"/> CUS
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

BK

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

6/3/02

Order#: 5369493

kf

Ref#: _____

Amount: \$ _____
TALLAHASSEE, FLORIDA
STATE OF FLORIDA

02 JUN -3 AM 11:19

RECEIVED

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

Florida Department of State, Sandra B. Mortham, Secretary of State

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

02 JUN -3 PM 12:38
FILED
TAMPA, FLORIDA
SECRETARY OF STATE

1. WILLIAMS OLP, L.P.
(Name of limited partnership as it is in the home state)
2. _____
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida; must contain the word "LIMITED" or "LTD.")

3. Delaware 4. October 26, 2000
(State of Formation) (Date of Formation)

5. C T Corporation System
(Name of Registered Agent for Service of Process)

6. c/o C T Corporation System, 1200 South Pine Island Road
(Street Address of Registered Office)

Plantation, Florida 33324
(City) (Zip Code)

7. Acceptance by the Registered Agent for Service of Process:
C T Corporation System

Connie Bryan
(Agent must sign on this line)
John J. Linnihan, Asst. Vice President

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY

8. One Williams Center, Tulsa, OK 74172

(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS STREET ADDRESS

WILLIAMS GP, Inc. One Williams Center, Tulsa, OK 74172

F02000002690

10. One Williams Center, Tulsa, OK 74172
(Office where Names, Addresses and Contributions of Limited Partners are kept.)

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

CONTINUED

12. One Williams Center, Tulsa, OK 74172

(Mailing Address of Limited Partnership)

Under penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

This 23RD day of May, 2002

Suzanne H. Cost, WILLIAMS GP Inc.
Secretary General Partner

STATE OF Oklahoma

COUNTY OF Tulsa

On this 23RD day of May, 2002

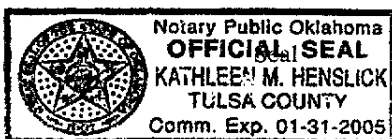
Suzanne H. Cost personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

Kathleen M. Henslick
(Notary Public Signature)

KATHLEEN M. HENSlick
(Notary's Printed Name)



My Commission Expires: 1/31/2005

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared _____,
a general partner of WILLIAMS OLP, L.P., a (an) Delaware
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 20.00.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 980.00.

Under the penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

This 23RD day of May, 2002.

Suzanne H. Costin
General Partner
Suzanne H. Costin, Secy. of Williams GP Inc., General Partner

STATE OF Oklahoma
COUNTY OF Tulsa

On this 23RD day of May, 2002.

Suzanne H. Costin, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

Kathleen M. Henslick
(Notary Public Signature)

Kathleen M. Henslick
(Notary's Printed Name)

Seal

My Commission Expires:



FL047 - CTS

FILED
JUN -3 PM 12:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA