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06-17-17 PM 3:28
TULSA COUNTY CLERK

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sessions, Fishman & Nathan, L.L.P.
(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:

Cherish van Mullem

(Contact Person)

Sessions, Fishman & Nathan, L.L.P.

(Firm/Company)

201 St. Charles Ave., Suite 3500

(Address)

New Orleans, LA 70170

(City, State and Zip Code)

For further information concerning this matter, please call:

Cherish van Mullem at (504) 582-1544
(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. Sessions, Fishman & Nathan, L.L.L.P.

(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.

Sessions, Fishman & Nathan of Louisiana, 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. Louisiana

(State or Country of Formation)

3. August 26, 1993

(Date of Formation)

4. Elizabeth K. Fite


(Name of Registered Agent for Service of Process)

5. 15316 North Florida Avenue, Suite 100

(Florida street address for Registered Agent)

Tampa, FL 33613

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.


Signature of Registered Agent

7. 15316 North Florida Avenue, Suite 100

(Principal office address)

Tampa, FL 33613

8. If limited partnership is a limited liability limited partnership, check box ☒

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TALLAHASSEE, FLORIDA

9. 15316 North Florida Avenue, Suite 100

(Mailing address)

Tampa, FL 33613

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

See attached list

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street 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.)

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 January, 20 06

Signature of a general partner:

Elizabeth K. Tate

Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

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

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

Elizabeth K. Fite	Street address and Mailing address: 15316 North Florida Avenue, Suite 100 Tampa, Florida 33613
J. David Forsyth	Street address and Mailing address: 201 St. Charles Ave., Suite 3500 New Orleans, LA 70170
Peter S. Title	Street address and Mailing address: 201 St. Charles Ave., Suite 3500 New Orleans, LA 70170
Carole Cukell Neff	Street address and Mailing address: 201 St. Charles Ave., Suite 3500 New Orleans, LA 70170
Max Nathan, Jr., APLC	Street address and Mailing address: 201 St. Charles Ave., Suite 3500 New Orleans, LA 70170
Joy Braun	Street address and Mailing address: 201 St. Charles Ave., Suite 3500 New Orleans, LA 70170
Sharon C. Mize	Street address and Mailing address: 201 St. Charles Ave., Suite 3500 New Orleans, LA 70170
Jack M. Alltmont	Street address and Mailing address: 201 St. Charles Ave., Suite 3500 New Orleans, LA 70170
Brian Roth	Street address and Mailing address: 201 St. Charles Ave., Suite 3500 New Orleans, LA 70170

UNITED STATES OF AMERICA
State of Louisiana
Al Ater

SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that
SESSIONS, FISHMAN & NATHAN, L.L.P.

A registered limited liability partnership whose principal
office is NEW ORLEANS, LOUISIANA,

Filed a registered limited liability partnership application
in this Office on August 26, 1993.

*In testimony whereof, I have hereunto set
my hand and caused the Seal of my Office
to be affixed at the City of Baton Rouge on,*
December 28, 2005

Al Ater
RRO 34442544Y

Secretary of State

