# B11000000146

(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	<del></del>
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	<del></del>
Certified Copies Certificates of Sta	tus
Special Instructions to Filing Officer:	
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D. BRUCE
JUL 2 2 2011

EXAMINER



### FLORIDA DEPARTMENT OF STATE Division of Corporations

June 14, 2011

JOAN ALVARES 4425 W AIRPORT FRWY #475 IRVING, TX 75062

SUBJECT: NEW THREE SEASONS LTD.

Ref. Number: W11000030030

FILED

11 JUL 22 RH 4: 34

SECRETARY OF STATE
TALLAHASSEF FINIE

We have received your document for NEW THREE SEASONS LTD. and your check(s) totaling \$1000.00. However, the document has not been filed and is being retained in this office for the following:

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) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 611A00014465



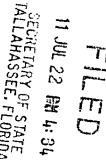
### FLORIDA DEPARTMENT OF STATE Division of Corporations

June 1, 2011

JOAN ALVARES 4425 W AIRPORT FRWY #475 IRVING, TX 75062

SUBJECT: NEW THREE SEASONS LTD.

Ref. Number: W11000030030



We have received your document for NEW THREE SEASONS LTD. and your check(s) totaling \$1000.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

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) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 311A00013451

# **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: NEW TRHEE SEASONS LTD.  Name of Foreign Limited F	artnership or Limited Liability Limited Partnership	
The enclosed application, certificate of status an partnership to transact business in Florida.  Please return all correspondence concerning this	d fees are submitted to register a foreign limited partner matter to:	ship or limited liability limited
JOAN ALVARES		
Contact Person		
MOORE ENTERPRISES		
Firm/Company	<del></del>	
4425 W AIRPORT FRWY #475		IALI
Address		AR J
IRVING, TX 75062		L 22 L 22 L ARY
City, State and Zip Code		
JOAN.ALVARES@MOOREENTERPR		元号 噩 177
E-mail address: (to be used for future annual r	eport notification)	ED B 4: 34 OF STATE E. FLORID,
For further information concerning this matter, p	please call:	TE ADA
JOAN ALVARES	<sub>at (</sub> 214 <sub>)</sub> 596-0327	•
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 Fe and Certificate of Status	ses \$1,052.50 Filing Fees and Certified Copy 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 FORI 'GN ! IMITED PARTNERSHIP OR LIMITED LIABILI' Y LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA

I NEW THREE SEASONS LIL	REE SEASONS L	NS LTD	SEAS	THREE	1 NEW
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(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.

	nership or limited liability limited partnership proposes to register to transact rida; must contain acceptable suffix.
2. TEXAS	3 11/22/99
State or Country of Formation	Date of Formation
4. Name of Registered Agent for Service of Process and	d Florida Street Address:
LINDA EBREO	
6121 COLLINS RD	
JACKSONVILLE, FL 32244	
of all statutes relative to the proper and complete performy position as registered agent.	nd agree to act in this capacity. I further agree to comply with the provision. formance of my duties, and I am familiar with and accept the obligations of turns of turns of turns of Registered Agent
7. Principle Office: (Florida Street Address)	8. Mailing Address:
6121 COLLINS RD	4425 W AIRPORT FRWY #475
JACKSONVILLE, FL 32244	IRVING, TX 75062
9. If limited partnership is a limited liability limited p	
10. Name, principal office address, and mailing addre	ess of each general partner:
Name of General Partner: JAMES A MOORE	Name of General Partner:
Street Address: 4425 W AIRPORT FRWY #4	Street Address:
IRVING, TX 75062	
Mailing Address: SAME AS ABOVE	Mailing Address:
Name of General Partner:	Name of General Partner:
	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 af	ter the date this document is filed by the Florida Department of State.)
	, not more than 90 days prior to the delivery of this application to the her official having custody of the entity's records in the jurisdiction under
Signed this 20TH day of MAY	
Signs	Tames A. Moone ature of a general partner
	stated herein are true and the individual is aware that false information utes a third degree felony as provided for in s.817.155, F.S.
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	

Page 2 of 2

TILED

11 JUL 22 BH 4: 34

SECRETARY OF STATE
IALLAHASSEE, FLORID,

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



Hope Andrade Secretary of State

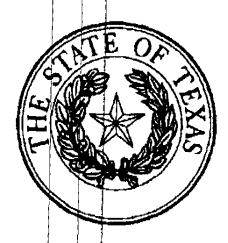
# Office of the Secretary of State

#### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate Of Limited Partnership for NEW THREE SEASONS, L.P. (file number 8543010), a Domestic Limited Partnership (LP), was filed in this office on December 18, 1995.

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

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 July 22, 2011.



Hope Andrade

Hope Andrade Secretary of State