

B12000000073

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

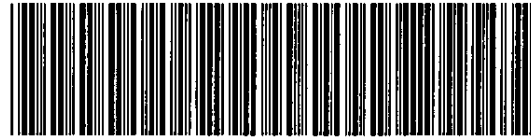
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
APR 13 2012
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Kiersted Systems, 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:

Jeffrey D. Cunningham

Contact Person

Foltz Martin, LLC

Firm/Company

3525 Piedmont Road, 5 Piedmont Center, Suite 750

Address

Atlanta, GA 30305

City, State and Zip Code

jcunningham@foltzmartin.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeffrey D. Cunningham

at (**404**) **231-9397**

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee) | <input type="checkbox"/> \$1,008.75 Filing Fees and Certificate of Status | <input type="checkbox"/> \$1,052.50 Filing Fees and Certified Copy | <input checked="" type="checkbox"/> \$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

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TALLAHASSEE, FLORIDA

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

1. Kiersted Systems, 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 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. TX

State or Country of Formation

3. December 27, 2006

Date of Formation

4. Federal Employer Identification Number: 56-2630339

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

NRAI Services, Inc.

515 Park Avenue.

Tallahassee, FL 32301

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DEPARTMENT OF STATE

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.

NRAI SERVICES, INC.

BY: Jessica Metzger

Jessica Metzger, Assistant Secretary

Signature of Registered Agent

7. Principal Office:

1301 Fannin Street, Suite 750

Houston, Texas 77002

8. Mailing Address:

1301 Fannin Street, Suite 750

Houston, Texas 77002

9. 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: Kiersted General Partner, Inc.

Street Address: 1301 Fannin Street, Suite 750

Houston, Texas, 77002

Mailing Address: 1301 Fannin Street, Suite 750

Houston, Texas, 77002

Name of General Partner: _____

Street Address: _____

Mailing Address: _____

Name of General Partner: F12 000001596

Street Address: _____

Mailing Address: _____

Name of General Partner: _____

Street Address: _____

Mailing Address: _____

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

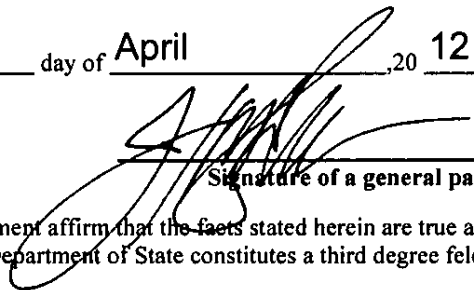
Street Address: _____ Street Address: _____

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.)

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 11th day of April, 2012.



JEFFREY D. CUNNINGHAM

Signature of a general partner Attorney-in-Fact for George Kiersted, president of Kiersted General Partner, Inc., the general partner of Kiersted Systems, LP

The individual signing this document affirm 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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TALLAHASSEE, FLORIDA

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 Formation for Kiersted Systems, L.P. (file number 800751510), a Domestic Limited Partnership (LP), was filed in this office on December 27, 2006.

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

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TALLAHASSEE, FLORIDA

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 April 11, 2012.



A handwritten signature in black ink, appearing to read "Hope Andrade".

Hope Andrade
Secretary of State

Come visit us on the internet at <http://www.sos.state.tx.us/>

Phone: (512) 463-5555
Prepared by: SOS-WEB

Fax: (512) 463-5709
TID: 10264

Dial: 7-1-1 for Relay Services
Document: 416827920003