

B13000000277

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

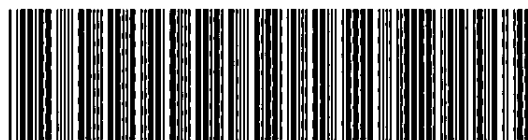
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300250548073

10/01/13--01003--008 **1000.00

RECEIVED
13 SEP 30 PM 4:46
DIVISION OF CORPORATIONS

FILED
2013 SEP 30 PM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT - 1 2013

T. HAMPTON

FLORIDA FILING & SEARCH SERVICES, INC.

**P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395**

DATE: 9/30/13

NAME: 11705 JACKSONVILLE LIMITED PARTNERSHIP

TYPE OF FILING: APPLICATION

COST: 1,000.00 - CHECK ATTACHED

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ARBIE/PAUL HORGE

** File Search **

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

1. 11705 Jacksonville Limited Partnership

(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. Delaware 3. 08-13-13
State or Country of Formation Date of Formation

4. Federal Employer Identification Number: 46-3607399

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

BlumbergExcelsior Corporate Services, Inc.

155 Office Plaza Drive, 1st Floor

Tallahassee, FL 32301

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. Principal Office:

8301 Ambassador Row

Dallas, TX 75247

8. Mailing Address:

8301 Ambassador Row

Dallas, TX 75247

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: TANJAC, Inc. Name of General Partner: _____

Street Address: 8301 Ambassador Row Street Address: _____
Dallas, TX 75247

Mailing Address: 8301 Ambassador Row Mailing Address: _____
Dallas, TX 75247

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

Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

FILED
2013 SEP 30 PM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

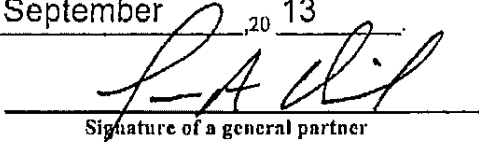
Street Address: _____ Street Address: _____

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.)

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 30th day of September, 2013


Signature of a general partner

TANJAC, Inc., a
Texas corporation, by
James A. Hericks,
President

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

FILED
2013 SEP 30 PM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "11705 JACKSONVILLE LIMITED PARTNERSHIP" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTIETH DAY OF SEPTEMBER, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "11705 JACKSONVILLE LIMITED PARTNERSHIP" WAS FORMED ON THE THIRTIETH DAY OF AUGUST, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5392213 8300

131141687

You may verify this certificate online
at corp.delaware.gov/authvoz.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 0774924

DATE: 09-30-13