

B14000000252

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

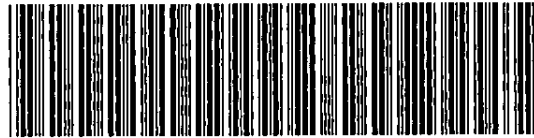
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

WY-63543

Office Use Only



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CLERK OF COURT
JAIL AHAASSEE, FLORIDA

EFFECTIVE DATE 11/04/14

NOV 07 2014
D. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 20, 2014

CSC
COURTNEY WILLIAMS

SUBJECT: UMTH GENERAL SERVICES, L.P.
Ref. Number: W14000063543

RESUBMIT

Please give original
submission date as file date.

We have received your document for UMTH GENERAL SERVICES, L.P. and the authorization to debit your account in the amount of \$1000.00. However, the document has not been filed and is being returned for the following:

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

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) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 514A00022356

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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DEPARTMENT OF STATE
14 NOV -6 PM 1:56



CORPORATION SERVICE COMPANY*

ACCOUNT NO. : I20000000195

REFERENCE : 341027 7520592

AUTHORIZATION :

[Signature]

COST LIMIT : \$1000.00

ORDER DATE : October 16, 2014

ORDER TIME : 12:50 PM

ORDER NO. : 341027-010

CUSTOMER NO: 7520592

FOREIGN FILINGS

NAME: UMTN GENERAL SERVICES, L.P.

XXXX QUALIFICATION (TYPE: LP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
X PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER: _____

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TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: UMTH General Services, 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:

Corporation Service Company d/b/a CSC

Contact Person

Firm/Company

Address

City, State and Zip Code

dlawson@umth.com

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

For further information concerning this matter, please call:

Donna Lawson

at (817) 835-0650

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 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. UMTH General Services, 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.

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

State or Country of Formation

3. 03/24/2003

Date of Formation

4. Federal Employer Identification Number: 76-0733047

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

Corporation Service Company

1201 Hays St

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:

1301 Municipal Way, Suite 200

Grapevine, TX 75061

8. Mailing Address:

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TALLAHASSEE FLORIDA

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: UMT Services, Inc.

Name of General Partner: _____

Street Address: 1301 Municipal Way, Suite 200

Street Address: _____

Grapevine, TX 75061

Mailing Address: _____

Mailing Address: _____

Name of General Partner: _____

Name of General Partner: _____

Street Address: _____

Street Address: _____

Mailing Address: _____

Mailing Address: _____

EFFECTIVE DATE

11/14/14

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: November 4, 2014
(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 4th day of November, 20 14



Signature of a general partner David Hanson, CEO

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "UMTH GENERAL SERVICES, L.P." 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 SEVENTEENTH DAY OF OCTOBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "UMTH GENERAL SERVICES, L.P." WAS FORMED ON THE TWENTY-FOURTH DAY OF MARCH, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

3639748 8300

141305065

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1788915

DATE: 10-17-14