BIYOUUOOAGA

(Red	questor's Name)	
(Add	dress)	<u></u>
(Add	dress)	
(City	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	me)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	
WH-71702		

Office Use Cnly



000266510180

000266510180 11/18/14--01019--017 **1000.00

2014 DEC -3 PH 12: 37

DEC 0 4 2014 J. EKJUE



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 2, 2014

JESSIE PROVOST 1100 EAST HOWARD LANE AUSTIN, TX 78753

SUBJECT: FORMASPACE, LP Ref. Number: W14000071702

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

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

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: 014A00025309



COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: FORM Nam	e of Foreign Limited Partner	ership or Limited Liability	Limited Partnership			
partnership to transact bus	certificate of status and fee siness in Florida. Indence concerning this mat		a foreign limited partnership	or limited I	liability	' limited
Jessie F	rovost	<u></u>				
	Contact Person					
Formaspa	CC LP Firm/Company					
1100 East	- Howard L Address	ane				
Austin T	x 78753	<u>.</u>				
	ty, State and Zip Code					
into @ for	maspace - Com sed for future annual report	\				
E-mail address: (to be u	sed for future annual report	t notification)				
· ~	oncerning this matter, pleas					
. Jessie +	100051	at (S12) 27				
Name of Contac	t Person	Area Code and Dayti	me Telephone Number			
Enclosed is a check for the	e 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 Ci Tallahassee, FL 32301	rcle	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314		AH AH	ZOM DE	

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

1. Formaspace, LP	
(Name of Limited Partnership or Limited Liability Lin	nited Partnership, which must include suffix)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited Pa	vited, L.P., LP, or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited	Liability Limited Parinership, E.E.E.F. of LELF.
	1' '- 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1
If name unavailable, name under which the limited partnership or business in Florida; must	contain acceptable suffix.
	•
2. Texas State or Country of Formation	Date of Formation
4. Federal Employer Identification Number: 14-196	2605
5. Name of Registered Agent for Service of Process and Florida	Street Address:
Jeff Turk	
Tallaharree FL 3235	
Tallaharree FL 3230A	
6. I hereby accept the appointment as registered agent and agree to	to act in this capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the obligations of
Signature of Re	egistered Agent
7. Principal Office: 8. M	lailing Address:
1100 East Howard Lane 11	00 East Howard Lane
custin, TX 78753 au	stin, TX 78753
9. If limited partnership is a limited liability limited partnershi	p, check box.
10. Name, principal office address, and mailing address of each	ı general partner:
Name of General Partner. Jeff Turk	
Name of General Partner.	ame of General Partner:
Street Address: 1100 East Howard Level	Street Address:
Austin Tx 78753	
•	SOUTH THE PROPERTY OF THE PROP
Mailing Address: Some	_ Mailing Address:
	_ 3 M
Name of General Partner:	Name of General Partner:
Street Address:	Street Address:
Mailing Address:	Mailing Address:

Name of General	Partner: Name of General Partner:
Street Address:	Street Address:
Mailing Address:	Mailing Address:
12. Attached is a certi	be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)
Florida Department of the law of which it is o	State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under organized.
Signed this	th day of November, 20 14.
	Signature of a general partner
Pt 2 42241 -22	Att. 1

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

Page 2 of 2

ZON DEC -3 PH 12: 37



Nandita Berry Secretary of State

વારો હાલ ફિલ્મ વિદ્યાસભાવ સેટમાર

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 Formaspace, LP (file number 800657012), a Domestic Limited Partnership (LP), was filed in this office on May 18, 2006.

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 November 13, 2014.



NANDHABERRY

Nandita Berry Secretary of State

Phone: (512) 463-5555 Prepared by: SOS-WEB Come visit us on the internet at http://www.sos.state.tx.us/ Fax: (512) 463-5709

TID: 10264

Dial: 7-1-1 for Relay Services Document: 578065460003