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(F	Requestor's Name)	
(/	Address)	
( <i>f</i>	Address)	
. (0	City/State/Zip/Phone #)	
PICK-UP	M TIAW	/AIL
(E	Business Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
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SEGRETARY OF STATE
TALLAHASSEE FLORIDA

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### **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT: TCP Cottonwood, 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:

David Garrett							
Contact Person			<del></del>				
Anderson Feaz	el Management,	Inc.					
Firm/Company			_				
333 Texas Stre	et, Suite 2020						
Address		_					
Shreveport, LA	71101						
C	ity, State and Zip Code		_				
Danielle@ander	sonoilandgas.com	1					
E-mail address: (to be a	used for future annual repor	t notification)	_		3> (.*	281	
For further information c	oncerning this matter, pleas	se call:			2 m (1) 4 2 m (1) 4 2 m (1) 4	2015 HAR	-
David Garrett		<sub>at (</sub> 318	,227	'-2000	五四	1	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN 1
Name of Contac	et Person		nd Dayti	ime Telephone Number	- 55型	9	a Verify
Enclosed is a check for the	ne following amount:				0F-SI	PH 12:	-
☐ \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent	☐ \$1,008.75 Filing Fees and Certificate of Status	¥ \$1,052.50 Fili and Certified Co	_	☐ \$1,061.25 Filing Fee, Certified Copy, and Certificate of Status	RES	: 28	**************************************

# STREET ADDRESS:

Fee)

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

1. TCP Cottonwood, 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

Acceptable Limited Liability Limited Partnership suffixe	es: Limited Liability Limited Partnership, L.L.L.P. or LLLP.		
	rtnership or limited liability limited partnership proposes to register to transact orida; must contain acceptable suffix.		
<sub>2.</sub> Texas	<sub>3.</sub> 1/30/2015		
State or Country of Formation	Date of Formation		
4. Federal Employer Identification Number: 47-29	94288		
5. Name of Registered Agent for Service of Process a	and Florida Street Address:		
CT Corporation System			
1200 South Pine Island Road			
Plantation, FL 33324			
of all statutes relative to the proper and complete per	and agree to act in this capacity. I further agree to comply with the provision of the following of the obligations of the following of the fo		
Sign	nature of Registered Agent		
7. Principal Office: 333 Texas Street, Suite 2020	8. Mailing Address: 333 Texas Street, Suite 2020		
Shreveport, LA 71101	Shreveport, LA 71101		
	<del></del>		
9. If limited partnership is a limited liability limited	partnership, check box.		
10. Name, principal office address, and mailing addr	ress of each general partner:		
Name of General Partner: Trinity-Andersor	•		
Street Address: 333 Texas Str., Suite			
Shreveport, LA 7110			
Mailing Address:	Mailing Address:		
Maning / Iddress.	Printing Address.		
Name of General Partner:	Name of General Partner:		
Street Address:	Street Address:		
Mailing Address:	Mailing Address:		

1 · · · · · · · · · · · · · · · · · · ·	Page 1 of 2
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:	
	cated, not more than 90 days prior to the delivery of this application to the or other official having custody of the entity's records in the jurisdiction under
Signed this 5th day of March	າ <sub>20</sub> 15
T.	rinity-Anderson, LLC, General Partner By Anderson Feazel Management, Inc., its Manager Signature of a general partner William G. Anderson, President
The individual signing this document affirm that the fisubmitted in a document to the Department of State co	acts stated herein are true and the individual is aware that false information onstitutes a third degree felony as provided for in s.817.155, F.S.
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	

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2015 HAR -9 PH I2: 28
SECRETARY OF STATE
AND SECRETARY OF STATE

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



Coby Shorter, III Deputy 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 TCP Cottonwood, L.P. (file number 802150737), a Domestic Limited Partnership (LP), was filed in this office on January 30, 2015.

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 February 12, 2015.



Coby Shorter, III Deputy Secretary of State

Phone: (512) 463-5555 Fax: (512) 463-5709 Dial: 7-1-1 for Relay Services