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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	Doing so will generate another cover sheet.	ĦAIII.,
To:	Division of Corporations PECCE GOTT	••
	Fax Number : (850) 617-6383 daie of Subn	ilssion alz
From:	Account Name : C T CORPORATION SYSTEM Account Number : FCA00000023 Phone : (850)205-8842	
	Fax Number : (850)878-5368	
iter the ema annual reg Email Addr	ail address for this business entity to be used for for port mailings. Enter only one email address please.**	JUL 29
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Electronic Filing Menu

Corporate Filing Menu

Help



July 30, 2015

FLORIDA DEPARTMENT OF STATE Division of Comorations

CT

RE-SUBIMIT

SUBJECT: CHAPMAN CONSTRUCTION CO., L.P.

REF: W15000051524

Please retain original fling date of submission 1/29

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The new name of your limited partnership or limited liability limited partnership is not available. A foreign limited partnership or limited liability limited partnership whose name is not available must adopt an alternate name for use in the state of Florida. Please amend number four of the application to reflect both the entity s new name as reflected in its home jurisdiction and the alternate name selected for use in the state of Florida.

NOTE: The alternate name must contain an acceptable suffix. Acceptable limited partnership suffixes include: Limited Partnership, L.P., LP, or Ltd. Acceptable limited liability limited partnership suffixes include: Limited Liability Limited Partnership, LLLP, or

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.

Neysa Culligan Regulatory Specialist II

FAX Aud. #: H15000183572 Letter Number: 815A00015977

P.O BOX 6327 - Tallahassee, Florida 32314

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA (Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffer) Acceptable Limited Partnership suffices: Limited Partnership, Limited Liability Limited Partnership, LLLP, or LLP,		Charles of designation of the state of
If name unavailable, name under which the limited partnership or limited liability ilimited partnership proposes to register to transact business in Florida; must contain accordance suffix. 2. IELAS 1. FEB 4. 2000 Dife of Furnation		:
4. Federal Employer Identification Number: 13 0730740 5. Name of Ragistered Agent for Service of Process and Biorida Street Address: NRAI Services Inc. 1200 South Pine Island Road		2915 JUL 2
Plantation, Morida 33324	13.20 13.20	29
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 Ing. By: In i Chall Joseph Agent. Signature of Registered Agent.	man (Car man (Car man) man can (Man) man man man man man man man man	M 10: 21
10011 W. LINIVOISITY DR. MCKINNEY, 1X 75070	: -	ii •
9. If limited partnership is a limited liability limited partnership, check box .	#·	= ;
10. Name, principal effice address and mailing address of each cancer nariner: WG Chapman GP, Inc. Name of General Pariner: Street Address: 1001 W. UNIVERSITY Street Address: MCKINKEY, AX 75070		
Mailing Address: Mailing Address:	1-1-1-1	H -
Name of General Pariner: Name of General Pariner;	**	=
Street Address: Street Address:		
Mailing Address: Mailing Address:		

Name of General Partner:	Page 1 of 2 Name of General Pariner:
Street Address:	Street Address:
Mailing Address:	Mailing Address:
11. Bifective date, if other than the date of filing: (Effective date cannot be prior to nor more than 90 days after to	he 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 official having custody of the entity's records in the jurisdiction under
Signed disserving day of the sylvanian and s	LORI PINDER SECRETARY
-Signature	of a general pariner

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 follows as provided for in a \$17.155, P.S.

Filing Fest: Certified Copy (optional); Certificate of States (optional);

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$32.50 \$8.75

Page 2 of 2

FLEINSTREAMENT THINKS

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



Carlos H. Cascos 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, Articles Of Conversion for CHAPMAN CONSTRUCTION CO., L.P. (file number 13424510), a Domestic Limited Partnership (LP), was filed in this office on April 27, 2000.

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 July 28, 2015.



Carlos H. Cascos Secretary of State

Phone: (512) 463-5555 Prepared by: \$O\$-WEB Come visit us on the internet at http://www.sos.state.tx.us/ Pax: (512) 463-5709 TID: 10264

Dial: 7-1-1 for Relay Services Document: 618471130004