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DATE: 4-20-16	WALK IN_
ENTITY NAME: STRONGH	TOLD INSPECTION, L.P.
PLEASE FILE THE ATT	ACHED AND RETURN:
X Plain Copy	
Certified Copy	
***PLEASE OBTAIN THE FOLLOW Document Number:	
Certified Copy of Arts & Amenda	Menus
Certificate of Good Standing	
APOSTILLE'/NOTARI	IAL CERTIFICATION:
COUNTRY OF DESTINATION	
NUMBER OF CERTIFICATES REQUEST	TED
TOTAL AMOUNT OWED: 1,000.00	
CHECK NUMBER: 105533	•
PLEASE CONTACT TINA AT 850-508-1891 FOR A	- NY PROBLEMS OR INFORMATION ON THIS
MATTER.	
Thank you!	
Tina Goff, President	

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

Acceptable Limited Pe	mited Partnership or Limited Lia artnership suffixes: Limited Partner	bility Limited Partnership, which must include suffix) rship, Limited, L.P., LP, or Ltd. : Limited Liability Limited Partnership, L.L.L.P. or LLLP.	-	
If name unavailable,	name under which the limited partri business in Flor	nership or limited liability limited partnership proposes to reida; must contain acceptable suffix.	_ egister to trans	act
_{2.} Texas	_			
	te or Country of Formation	Date of Formation	-	
4. Federal Employer	Identification Number: 26-408	7903		
	d Agent for Service of Process and			
NRAI Services, In	С.			
1200 South Pine	Island Road		-	
Plantation, FL 33	3324			
6. I hereby accept the of all statutes relat my position as regis	ive to the proper and complete perfo stered agent.	nd agree to act in this capacity. I further agree to comply volumence of my duties, and I am familiar with and accept the Carol Berg, Asst. Secretary ture of Registered Agent	vith the provisi ne obligations o	ons f
7. Principal Office:		8. Malling Address:		
1440 Sens Rd		1440 Sens Rd	5	
La Porte, TX 77571		La Porte, TX 77571		
		**	20	
9. If limited partners	ship is a limited liability limited p	artnership, check box .		,
10. Name, principal	office address, and mailing addre	ss of each general partner:	` 9: C	Σ,
Name of General	Partner: Joe Durham	Name of General Partner:	9	
Street Address:	1440 Sens Rd	Street Address:		
La Porte,TX 77571				
Mailing Address: 1440 Sens Rd		Mailing Address:		
	La Porte, TX 77571			
Name of General 1	Partner:	Name of General Partner:		
Street Address: _		Street Address:		
Mailing Address:		Mailing Address:		

Name of General Partner:	Page 1 of 2 Name of General Partner:
Street Address:	Street Address:
	Mailing Address:
11. Effective date, if other than the date of filing:	
	not more than 90 days prior to the delivery of this application to the er official having custody of the entity's records in the jurisdiction under
Signed this 23rd day of March	
	Joe Durham
	ture of a general partner ated herein are true and the individual is aware that false information ttes a third degree felony as provided for in s.817.155, F.S.
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fce) \$52.50 \$8.75
	Page 2 of 2
	Page 2 of 2 AM 9: 06

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



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 Stronghold Inspection, Ltd. (file number 801076523), a Domestic Limited Partnership (LP), was filed in this office on January 21, 2009.

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 March 24, 2016.



Carlos H. Cascos Secretary of State