

Blindfold

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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☐ WAIT

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(Business Entity Name)

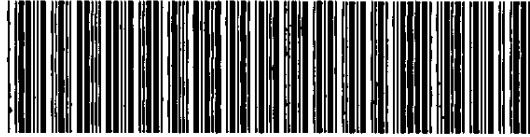
(Document Number)

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04/25/16--01042--009 **1061.25

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15 APR 25 PM 2:21

MAY 13 2016
S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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2016 MAY -9 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

April 26, 2016

MENDY ARCHER
1725 LAKEPOINTE DRIVE
LEWISVILLE, TX 75057 US

SUBJECT: PRIME CONTROLS, L.P.
Ref. Number: W16000030869

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We have received your document for PRIME CONTROLS, L.P. and your check(s) totaling \$1061.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Shelia H Young
Regulatory Specialist II

Letter Number: 916A00008645

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Prime Controls, 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:

Mendy Archer

Contact Person

Prime Controls

Firm/Company

1725 Lakepointe Dr.

Address

Lewisville, Texas 75057

City, State and Zip Code

m.archer@prime-controls.com

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

For further information concerning this matter, please call:

Mendy Archer

at (972) 221-4849

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 checked="" type="checkbox"/> \$1,061.25 Filing Fee, Certified Copy, and Certificate of Status
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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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APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP
TO TRANSACT BUSINESS IN FLORIDA

1. Prime Controls, 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. Texas

State or Country of Formation

3. March 2004

Date of Formation

4. Federal Employer Identification Number: 75-2394015

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

Corporation Service Company

1201 Hays Street

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.

Corporation Service Company

By: Elizabeth M. Smith

Signature of Registered Agent

Elizabeth Smith

Assistant Vice President

7. Principal Office:

1725 Lakepointe Dr.

Lewisville, TX 75057

8. Mailing Address:

1725 Lakepointe Dr.

Lewisville, TX 75057

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: Jace McNiel

Street Address: 1725 Lakepointe Dr.

Lewisville, TX 75057

Mailing Address: 1725 Lakepointe Dr

Lewisville, TX 75057

Name of General Partner: Gary McNiel

Street Address: 1725 Lakepointe Dr.

Lewisville, TX 75057

Mailing Address: 1725 Lakepointe Dr

Lewisville, TX 75057

Name of General Partner: _____

Street Address: _____

Mailing Address: _____

Name of General Partner: _____

Street Address: _____

Mailing Address: _____

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Name of General Partner: _____ Name of General Partner: _____

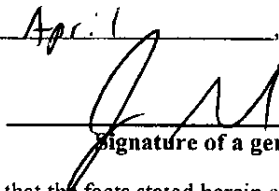
Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

11. Effective date, if other than the date of filing: _____
(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 22 day of April, 20 16.


Signature of a general partner

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

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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

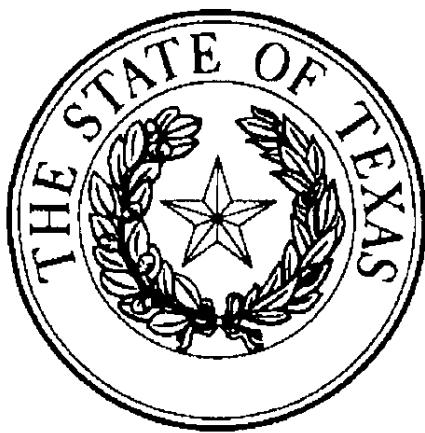
The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles of Conversion for Prime Controls, L.P. (file number 800310535), a Domestic Limited Partnership (LP), was filed in this office on February 27, 2004.

It is further certified that the entity status in Texas is in existence.

Delayed Effective date: March 01, 2004

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 May 05, 2016.

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STATE
SECRETARY OF
TALLAHASSEE, FLORIDA
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A handwritten signature in black ink, appearing to read "Cascos", followed by a horizontal line.

Carlos H. Cascos
Secretary of State