

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : CAPITOL SERVICES, INC.  
Account Number : 120160000017  
Phone : (800)345-4647  
Fax Number : (800)432-3622

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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: TABB.NEBLETT@LRICRE.COM

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**FLORIDA/FOREIGN LP/LLP  
LRIC JACKSONVILLE, L.P.**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$1,052.50

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LRIC Jacksonville, 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:

John Tabb Neblett

Contact Person

LRIC Properties

Firm/Company

4311 Oak Lawn, Suite 370

Address

Dallas, TX 75219

City, State and Zip Code

tabb.neblett@LRICRE.COM

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

For further information concerning this matter, please call:

TERESA SHARPLEY

800

662-0171

Name of Contact Person

at ( )

Area Code and Daytime Telephone Number

Enclosed is a check for the 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 Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

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TALLAHASSEE, FLORIDA

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

LRIC Jacksonville, 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.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

3. November 9, 2016

State or Country of Formation

Date of Formation

4. Federal Employer Identification Number: 81-4278739

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

Capitol Corporate Services, Inc.

155 Office Plaza Drive, Suite A

Tallahassee, Florida 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.

Teresa Sharpley (Signature)

Teresa Sharpley, Asst. Sec. on behalf of Capitol Corporate Services, Inc.

Signature of Registered Agent

7. Principal Office:

4311 Oak Lawn, Suite 370

Dallas, TX 75219

8. Mailing Address:

4311 Oak Lawn, Suite 370

Dallas, TX 75219

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: LRIC Jacksonville GP, LLC

Name of General Partner:

Street Address: 4311 Oak Lawn, Suite 370

Street Address:

Dallas, TX 75219

Mailing Address:

Mailing Address:

Name of General Partner:

Name of General Partner:

Street Address:

Street Address:

Mailing 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 16th day of November, 2016

LRIC Jacksonville GP, LLC

BY: John Tabb Neblett

Signature of a general partner, John Tabb Neblett

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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16 NOV 16 AM 8:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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, Certificate of Formation for LRIC Jacksonville, L.P. (file number 802573118), a Domestic Limited Partnership (LP), was filed in this office on October 28, 2016.

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 16,  
2016.



Carlos H. Cascos  
Secretary of State

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