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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

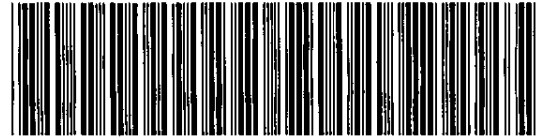
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. SCOTT

JAN 9 2017

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** KEY STAR CAPITAL FUND, 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:

**TRACY WEAKLEY**

Contact Person

**KEY STAR CAPITAL FUND, L.P.**

Firm/Company

**4100 GREENBRIAR STE 120/130**

Address

**STAFFORD, TX 77477**

City, State and Zip Code

**TRACY@KEYSTAR.COM**

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

For further information concerning this matter, please call:

**TRACY WEAKLEY**

at ( **281** )

**265.5328 X 315**

Name of Contact Person

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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**17 JAN -9 PM 6:04**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

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

1. KEY STAR CAPITAL FUND, L.P.

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)  
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., L.P., 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. DELAWARE

State or Country of Formation

3. 06.10.2013

Date of Formation

4. Federal Employer Identification Number 46-5510943

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

NATIONAL CORPORATE RESEARCH LTD, INC.

115 NORTH CALHOUN ST, STE 4

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.

 (Jon Rice - Asst. Secretary)  
Signature of Registered Agent

7. Principal Office:

4100 GREENBRIAR STE 120/130  
STAFFORD, TX 77477

8. Mailing Address:

P.O. BOX 1068  
STAFFORD TX 77497-1068

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: 4H20, LLC

Name of General Partner: \_\_\_\_\_

Street Address: 4100 GREENBRIAR STE 120/130  
STAFFORD TX 77477

Street Address: \_\_\_\_\_

Mailing Address: P.O. BOX 1068

Mailing Address: \_\_\_\_\_

STAFFORD TX 77497-1068

Name of General Partner: \_\_\_\_\_

Name of General Partner: \_\_\_\_\_

Street Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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SECRETARY OF REVENUE

Name of General Partner: \_\_\_\_\_ Name of General Partner: \_\_\_\_\_

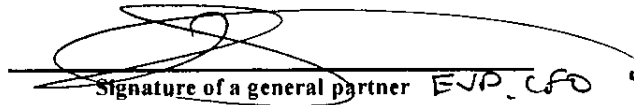
Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_

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 21 day of NOVEMBER, 2016.

  
 Signature of a general partner EJP, CFO 4420, LLC

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.

<b>Filing Fees:</b>	<b>\$1,000.00</b> (\$965 Filing Fee and \$35 Registered Agent Fee)
<b>Certified Copy (optional):</b>	<b>\$52.50</b>
<b>Certificate of Status (optional):</b>	<b>\$8.75</b>

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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KEY STAR CAPITAL FUND, L.P." IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF NOVEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KEY STAR CAPITAL FUND, L.P." WAS FORMED ON THE TENTH DAY OF JUNE, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.


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SECRETARY OF STATE  
DELAWARE



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SR# 20166734667

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State

Authentication: 203375898

Date: 11-21-16