

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

2018 APR 18 PM 4:20

TALLAHASSEE

RESUBMIT

Please give original
submission date as file date.

ACCOUNT NO. : I20000000195
REFERENCE : 166421 7200721
AUTHORIZATION : *[Signature]*
APPROVED COST : \$1,000.00

ORDER DATE : April 17, 2018
ORDER TIME : 2:46 PM
ORDER NO. : 166421-005
CUSTOMER NO: 7200721

FOREIGN FILINGS

NAME: OUR SHIP LIMITED PARTNERSHIP,
LTD.

XXXX QUALIFICATION (TYPE: LP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER: _____



March 28, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

GLAZIER & GLAZIER, P.A.

SUBJECT: OUR SHIP LIMITED PARTNERSHIP, LTD.
REF: W18000029794

RESUBMIT

Please give original
submission date as file date.

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

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

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.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: H18000098177
Letter Number: 718A00006219

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Our Ship Limited Partnership, Ltd.

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:

Scott L. Glazier

Contact Person

Glazier & Glazier, P.A.

Firm/Company

8825 Perimeter Park Blvd STE 504

Address

Jacksonville, FL 32216

City, State and Zip Code

jerry@trcaa.com

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

For further information concerning this matter, please call:

Scott L. Glazier at (904) 997-1033

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

FILED
18 MAR 27 AM 10:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. Our Ship Limited Partnership, Ltd.

(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. December 11, 1995

Date of Formation

4. Federal Employer Identification Number 76-0486007

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

Glazier & Glazier, P.A.

8825 Perimeter Park Blvd. STE 504

Jacksonville, Florida 32216

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.


Signature of Registered Agent Scott L. Glazier, Pres.

7. Principal Office:

19001 Crescent Springs Drive

Kingwood, Texas 77339

8. Mailing Address:

19001 Crescent Springs Drive

Kingwood, Texas 77339

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: Sarvadi Management, LLC

Name of General Partner: _____

Street Address: 19001 Crescent Springs Drive

Street Address: _____

Kingwood, Texas 77339

Mailing Address: 19001 Crescent Springs Drive

Mailing Address: _____

Kingwood, Texas 77339

Name of General Partner: _____

Name of General Partner: _____

Street Address: _____

Street Address: _____

Mailing Address: _____

Mailing Address: _____

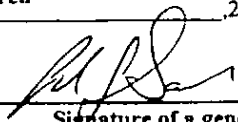
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18 MAR 27 AM 10:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 23rd day of March, 2018



Signature of a general partner - Paul Seved:

The individual signing this document affirms 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

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



Rolando B. Pablos
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 Limited Partnership for OUR SHIP LIMITED PARTNERSHIP, LTD. (file number 8521210), a Domestic Limited Partnership (LP), was filed in this office on December 11, 1995.

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

FILED
18 MAR 27 AM 10:59
SECRETARY OF STATE
PAUL AMOS ST. L. ORIOA

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 April 19, 2018.



A handwritten signature in black ink, appearing to read "Rolando B. Pablos".

Rolando B. Pablos
Secretary of State