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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: ______ JOHN A. AND GAIL WEEMS MCDONALD FAMILY LIMITED PARTNERSHIP, LLLP

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 A. GORDY			
Contact Person			
JOHN A. AND GAIL WEEMS MCDONALD FA	MILY LIMITED PA		
Firm/Company			
P.O. BOX 1409			
Address			
LAGRANGE, GA 30241			
City. State and Zip Code			
SGORDY@MCDONALDOIL.COM			
E-mail address: (to be used for future annual repo	ort notification)		,
For further information concerning this matter, plea	ise call;		TAL SE
SCOTT GORDY	706 at (884-6191	
Name of Contact Person		l Daytime Telephone Numb	HASS
Enclosed is a check for the following amount:		J. 62	SEE FOR SEE FOR
\$1,000.00 Filing Fees \$\int \$1,008.75 Filing Fee (\$965 Filing Fee and \$35 Registered Agent Fee)\$	s [] \$1,052.50 Filin and Certified C		g Fee.
STREET ADDRESS:	MAILING ADDR	RESS:	

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Ft. 32301

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

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

JOHN A. AND GAIL WEEMS MCDONALD FAMILY LIMITED PARTNERSHIP, LLLP

1700 LUKKEN INDUSTRIAL DRIVE WEST

(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 LILP. 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. 2/13/1998 **GEORGIA** State or Country of Formation Date of Formation 58-2401249 4. Federal Employer Identification Number. 5. Name of Registered Agent for Service of Process and Florida Street Address: CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 6. Thereby 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.

Note: The proper and complete performance of my duties, and I am familiar with and accept the obligations of Kimberly Steinmetz. my position as registered agent. Vice President and Assistant Secretary Signature of Registered Agent 7. Principal Office: 8. Mailing Address: JOHN A. AND GAIL WEEMS FAMILY LIMITED I JOHN A. AND GAIL WEEMS MCDONALD FAMI

LAGRANGE, GA 30240 LAG		GRANGE, GA 30241				
9. If limited partne	rship is a limited liability limited partnershi	p. check box. 🗹				
	d office address, and mailing address of each	•		SEC TALL	2016	-
Name of Genera Street Address:	1 Partner: MCDONALD OIL COMPANY 1700 LUKKEN INDUSTRIAL DRIVE WES		Partner:	エ た (2)	<u>اللہ</u> 2	
	LAGRANGE, GA 30240 P32889	_			5	
	P.O. BOX 1409 LAGRANGE. GA 30241	Mailing Address:		<u> </u>	21.2	
Name of Genera	l Partner:	_	Partner:	*		
Street Address;		_ Street Address:				
Mailing Address	;	_ Mailing Address:				

P.O. BOX 1409

Name of General Partner:		 	Name of Gener	al Partner:			
Street Address:			Street Address:				
Mailing Address:			Mailing Addres				
11. Effective date, if other than the (Effective date cannot be prior to nor Note: If the date inserted in this block document's effective date on the Dep	more than 90 days to does not meet the a	<i>after the dat</i> applicable st					
12. Attached is a certificate of existen Florida Department of State, by the So the law of which it is organized.	ecretary of State or o	other official	having custody	of the entity's r			
Signed this	day of)[-	20 <u>/\$</u>				
Signed this	R.	IcDonald E	Oil supar	7. P.			
	Sig	nature of a	general partne	r			
The individual signing this document submitted in a document to the Depar	affirms that the fact	s stated here	in are true and t	the individual is	aware that false n s.817.155, F.S	informa	tion
Filing Fees:				g Fee and \$35 Re	egistered Agent	Fee)	
Certified Copy (op Certificate of Stati		\$52.50 \$8.75			SECR TALLA	28M JUL	m
		Page 2 o	of 2		HASSEC FLO	26 P#	I M
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Control Number: K807172

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

JOHN A. AND GAIL WEEMS MCDONALD FAMILY LIMITED PARTNERSHIP, LLLP a Domestic Limited Liability Limited Partnership

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

> Docket Number : 16037159 Date Inc/Auth/Filed: 02/13/1998 Jurisdiction : Georgia : 07/23/2018 Print Date

Form Number : 211



Brian P. Kemp Secretary of State