## B18000000253

(Re	questor's Name)	
(Add	dress)	
(Address)		
(City/State/Zip/Phone #)		
PICK-UP	WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		
	·	

Office Use Only



400318606264

TILEU
SECRETARISSEE FLORIDA

18 SEP 17 PM 4: 19

K. SALY SEP 18 2018 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE: 389400 4322604 AUTHORIZATION : COST LIMIT ORDER DATE: September 17, 2018 ORDER TIME : 3:57 PM ORDER NO. : 389400-015 CUSTOMER NO: 4322604 FOREIGN FILINGS NAME: ASHFORD SAINTS LP XXXX QUALIFICATION (TYPE: <u>LL</u>) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

EXAMINER:

CORPORATION SERVICE COMPANY

CERTIFIED COPY
XX PLAIN STAMPED COPY

\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Ashford Saints LP	
	eign Limited Partnership or Limited Liability Limited Partnership
The enclosed application, certifical partnership to transact business in Please return all correspondence c	
Contac	ct Person
Firm'C	Сотпрану
Ad	Bdress
City, State	and Zip Code
E-mail address: (to be used for fi	ature annual report notification)
For further information concerning	this matter, please call:
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check for the followi	ng amount:
	208.75 Filing Fees S1,052.50 Filing Fees S1,061.25 Filing Fee, Certificate of and Certified Copy Certified Copy, and US 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

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

18 SEP 17 AH 4: 10
TALLAHASSEE, FLORIDA

1. Ashford Saints LP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)

	tership or limited liability limited partnership proposes to register to transact ida; must contain acceptable suffix.	
2. Delaware	3. September 12, 2018	
State or Country of Formation	Date of Formation	
4. Federal Employer Identification Number:		
5. Name of Registered Agent for Service of Process and	d Florida Street Address:	
Corporation Service Company		
1201 Hays Street		
Tallahassee, Fl. 32301		
of all statutes relative to the proper and complete performy position as registered agent. Corporation Service By:	ad agree to act in this capacity. I further agree to comply with the provisions or mance of my duties, and I am familiar with and accept the obligations of Roxanne Turner  Roxanne Turner  Asst. Vice President  ure of Registered Agent	
7. Principal Office:	8. Mailing Address:	
14185 Dallas Parkway, Suite 1100	14185 Dallas Parkway, Suite 1100	
Dalias, Texas 75254	Dallas, Texas 75254	
Street Address: 14185 Dallas Parkway, Suite 1100  Dallas, Texas 75254  Mailing Address: 14185 Dallas Parkway, Suite 1100  Dallas, Texas 75254  Name of General Partner:		
Mailing Address:	Mailing Address:	

. 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 da Note: If the date inserted in this block does not meet the applicable s document's effective date on the Department of State's records.  12. Attached is a certificate of existence duly authenticated, not more Florida Department of State, by the Secretary of State or other official	te this document is filed by the Florida Department of State.) statutory filing requirements, this date will not be listed as the than 90 days prior to the delivery of this application to the
the law of which it is organized.  Signed this 1724 day of September	20 18

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.

Signature of a general partner

Filing Fees:

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

Page 2 of 2



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ASHFORD SAINTS LP" 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 SEVENTEENTH DAY OF SEPTEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ASHFORD SAINTS LP" WAS FORMED ON THE TWELFTH DAY OF SEPTEMBER, A.D. 2018.

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





Authentication: 203435174

Date: 09-17-18

7054104 8300 SR# 20186689175