B190000000108

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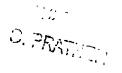


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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Graham Byrne, Ltd.		
Name of Foreign Lim	ited Partnership or Limite	ted Liability Limited Partnership
The enclosed application, certificate of stat partnership to transact business in Florida. Please return all correspondence concernin		d to register a foreign limited partnership or limited liability limite
Victor Williams		
Contact Person		
Facility Solutions Group, Inc.		
Firm/Company		_
304 Winston Creek Parkway		
Address		_
Lakeland, FL 33810		
City. State and Zip 6	Code	
andrew.nicholas@weaver.com		
E-mail address: (to be used for future and	ual report notification)	
For further information concerning this ma	tter, please call:	
Carl J. Harris, Attorney at Law	at (210	348-6600
Name of Contact Person		de and Daytime Telephone Number
Enclosed is a check for the following amou	nt:	
\$1,000,00 Filing Fees \$1,008.75 Filing Fee and \$35 Registered Agent Status Status		Filing Fees S1,061.25 Filing Fee, fied Copy Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING A Registration S Division of Co P. O. Box 632 Tallahassee, F	Section Corporations 27

Tallahassee, FL 32301

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

L. Graham Byrne, 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. 3 December 19, 2003 2. Texas State or Country of Formation Date of Formation 4. Federal Employer Identification Number: 74-2430808 5. Name of Registered Agent for Service of Process and Florida Street Address: Victor Williams 304 Winston Creek Parkway Lakeland, FL 33810 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. Signature of Registered Agent 7. Principal Office: 8. Mailing Address: 4401 Westgate Blvd. Su 310 4401 Westgate Blvd, Su 310 Austin, TX 78745-1494 Austin, TX 78745-1494 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:_ GB Realty Management, LLC Name of General Partner: 4401 Westgate Blvd, Su 310 Street Address: _ Street Address: _ Austin, TX 78745-1494 4401 Westgate Blvd, Su 310 Mailing Address: _____ Mailing Address:______ Austin, TX 78745-1494 Name of General Partner:_______ Name of General Partner:______ Street Address: Street Address: Mailing Address: Mailing Address:

Name of General Partne	r:	Name of General Partner:	_
Street Address:		Street Address:	
		Mailing Address:	or a decision of the second of
Note: If the date inserted in document's effective date or 12. Attached is a certificate of Florida Department of State,	this block does not meet the appli the Department of State's record of existence duly authenticated, no by the Secretary of State or other	the date this document is filed by the Florida Department cable statutory filing requirements, this date will not be list. of more than 90 days prior to the delivery of this application official having custody of the entity's records in the jurise	ated as the
he law of which it is organized this 11	day of April		
	//////////////////////////////////	re of a general partner	
The individual signing this d	ocument affirms that the facts sta	ted herein are true and the individual is aware that false in	formation

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

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



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 GRAHAM BYRNE, LTD. (file number 800283085), a Domestic Limited Partnership (LP), was filed in this office on December 19, 2003.

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

Delayed Effective date: December 31, 2003

It is further certified that our records indicate WILLIAM D. GRAHAM as the designated registered agent for the above named entity and the designated registered office for said entity is as follows:

6312 AYRES

AUSTIN, TX - 78746 USA

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 March 26, 2019.



David Whitley Secretary of State

Dial: 7-1-1 for Relay Services Document: 877482680003