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Certified Copies	_ Certificate:	s of Status				
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2020 MAR 20 PM 3: 00
SECRETARY OF STATE



COVER LETTER

TO:	Registration Section Division of Corporations	÷		, ,	\$		
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3000	Name of Foreign L	imited Pa	rtnership or Limi	ted Liability Limit	ted Partnership	p	
partner Please	rship to transact business in Floric return all correspondence concer	la		_	- ,	ortnership or limited liability limited	
Stepha	anie Reid			_ _			
	Contact Per	son					
Vaque	ero Ventures Managment, LLC						
	Firm/Comp	any					
2900	Wingate Street, Suite 200					7 2	
,	Address		· · · · · · · · · · · · · · · · · · ·			ST.	
Fort V	Vorth, TX 76107					FILED 2020 HAR 20 PH : SECRETARY OF S	
	City, State and Z	ip Code				ASS.	
sreid@	Dvaqueroventures.com					SERVICE TO THE SERVIC	
E-ma	ail address: (to be used for future	annual rep	ort notification)			7 2 0	
For fu	ther information concerning this	matter, ple	ease call:			PH 3: 00 Y OF STATE SEE, FLORID	
	anie Reid	·	at (817	312-8868		TO A	
	Name of Contact Person			de and Daytime T	elephone Nun	nber	
Enclos	ed is a check for the following ar	nount:					
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	Mailing Address:			Street Addre	ess:		
Registration Section Division of Corporations			Registration Section Division of Corporations				
P.O. Box 6327				The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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

Vaguero Mims Partners, LP (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. 03/10/2020 ₂ Texas State or Country of Formation Date of Formation 4. Federal Employer Identification Number ____84-5144251 5. Name of Registered Agent for Service of Process and Florida Street Address: C T Corporation System 1200 South Pine Island Road Plantation, Florida 33324 6. Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree be mply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an Eucept Be obligations of my position as registered agent. Stephanie Boehm - Assistant Secretary Signature of Registered Agent 7. Principal Office: 8. Mailing Address: 2900 Wingate Street, Suite 200 2900 Wingate Street, Suite 200 Fort Worth, TX 76107 Fort Worth, TX 76107 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: Vaquero Ventures Management, LLC Name of General Partner: 2900 Wingate Street, Suite 200 Street Address: Street Address: Fort Worth, TX 76107 2900 Wingate Street, Suite 200 Mailing Address: Mailing Address: Fort Worth, TX 76107 Name of General Partner:________Name of General Partner:______ _____ Street Address: Street Address: Mailing Address: _____ Mailing Address: ____

Page 1 of 2

Name of General Partner:	Name of General Partner:				
Street Address:	Street Address:				
Mailing Address:	Mailing Address:				
Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records. 12. Attached is a certificate of existence duly authenticated, not not provide the Department of State, by the Secretary of State or other of the law of which it is organized. Signed this day of day of	nore than 90 days prior to the delivery of this application to the licial having custody of the entity's records in the jurisdiction under				
Signature of a general partner					

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

Page 2 of 2

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 Formation for Vaquero Mims Partners, LP (file number 803570922), a Domestic Limited Partnership (LP), was filed in this office on March 10, 2020.

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

2020 MAR 20 PM 3: 00

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 18, 2020.



Phone: (512) 463-5555

Prepared by: SOS-WEB

Ruth R. Hughs Secretary of State