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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

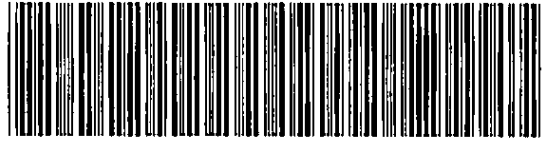
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2020 NOV -4 PM 3: 20  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV 11 2020  
TALLAHASSEE

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Cypressbrook Multifamily Management, LP

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:

Amy Nordenstrom

Contact Person

Cypressbrook Multifamily Management

Firm/Company

1776 Woodstead Ct, Suite 218

Address

The Woodlands, Texas 77380

City, State and Zip Code

anordenstrom@cypressbrook.com

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

For further information concerning this matter, please call:

Amy Nordenstrom

at ( 832 ) 403-2862

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$1,000.00 Filing Fee (\$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

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

1. Cypressbrook Multifamily Management, 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.

2. Texas, USA State or Country of Formation
3. 10/26/2018 Date of Formation

4. Federal Employer Identification Number: 83-2999424

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

URS Agents, LLC
3458 Lakeshore Drive
Tallahassee, FL 32312

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.

By: [Signature] Kristen Ellison, Asst. Secretary
Signature of Registered Agent

7. Principal Office:
The Esterbrook Company
1776 Woodstead Ct., Suite 218
The Woodlands, TX 77380

8. Mailing Address:
The Esterbrook Company
1776 Woodstead Ct., Suite 218
The Woodlands, TX 77380

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: The Esterbrook Company
Street Address: 1776 Woodstead Ct., Suite 218
Mailing Address: 1776 Woodstead Ct., Suite 218
The Woodlands, TX 77380

FILED
2020 NOV -4 PM 3:00
STATE OF FLORIDA

Name of General Partner: \_\_\_\_\_ Name of General Partner: \_\_\_\_\_

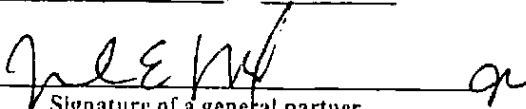
Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

11. Effective date, if other than the date of filing: 10/26/2018  
(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 7th day of October, 2020

  
\_\_\_\_\_  
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



## 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 Cypressbrook Multifamily Management, LP (file number 803152984), a Domestic Limited Partnership (LP), was filed in this office on October 26, 2018.

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

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 October 21, 2020.



A handwritten signature in black ink, appearing to read "Ruth R. Hughs".

Ruth R. Hughs  
Secretary of State