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TO: Registration Section Division of Corporations SUBJECT: Vaquero DeBary Partners. 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 lipartnership to transact business in Florida. Please return all correspondence concerning this matter to: Stephanie Reid Contact Person Vaquero Ventures Managment, LLC Firm/Company 2900 Wingate Street, Suite 200 Address Fort Worth, TX 76107 City, State and Zip Code sreid@vaqueroventures.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Stephanie Reid Name of Contact Person Area Code and Daytime Telephone Number Enclosed is a check for the following amount: St. 1,000.00 Filling Fee St. 1,008.75 Filling Fees St. 1,052.50 Filling Fees Cartified Congregate Cart			Ÿ.	
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□\$1,000.00 Filing Fee ■\$1,008.75 Filing Fees □\$1,052.50 Filing Fees □\$1,061.25 Filing Fee.	Name of Contact Person		and Daytime Telephone Nur	nber 🗸 📜
	Enclosed is a check for the following amount:			
\$35 Registered Agent Status Certificate of Status Fee)	(\$965 Filing Fee and sand Certificate \$35 Registered Agent Status		d Copy Certified Cop	oy, and · · · · · · · · · · · · · · · · · · ·

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

Acceptable Limited F	mited Partnership or Limited Liab Partnership suffixes: Limited Partner	pility Limited Partnership, which must include suffix) ship, Limited, L.P., LP, or Ltd. Limited Liability Limited Partnership, L.L.L.P. or LLLP.			
If name unavailable		ership or limited liability limited partnership proposes to register to transida; must contain acceptable suffix.	act		
, Texas		3. 02/23/2021			
Sti	ite or Country of Formation	Date of Formation			
4. Federal Employe	r Identification Number: 86-229330	6			
	ed Agent for Service of Process and				
C T Corporation Sys	tem				
1200 South Pine Isla	nd Road	20			
Plantation, Florida 3.	3324				
6. I hereby accept th of all statutes rela my position as reg	tive to the proper and complete perfo	d agree to act in this capacity. I further agree to comply with the provision armance of my duties, and I am familiar with and accept the obligations a	ons of		
	Signat	ure of Registered Agent			
7. Principal Office:		8. Mailing Address:			
2900 Wingate Street, Suite 200 2900		2900 Wingate Street, Suite 200	0 Wingate Street, Suite 200		
Fort Worth, TX 7610)7 	Fort Worth, TX 76107			
	rship is a limited liability limited pa				
Name of General	office address, and mailing address Vaquero Ventures Managen Partner:				
Street Address:	2900 Wingate Street, Suite 200	Street Address:			
	Fort Worth, TX 76107				
Mailing Address:	2900 Wingate Street, Suite 200	Mailing Address:			
Fo	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 document's effective date on the Department of State 12. Attached is a certificate of existence duly authent Florida Department of State, by the Secretary of State law of which it is organized.	days after the date this document is filed by the Florida Department of State.) the applicable statutory filing requirements, this date will not be listed as the e's records. Atticated, not more than 90 days prior to the delivery of this application to the te or other official having custody of the entity's records in the jurisdesion under
Signed this day of day of Signature of a go	eneral partner W. A. Landreh, Manager
The individual signing this document affirms that the	e facts stated herein are true and the individual is aware that false information constitutes a third degree felony as provided for in s.817.155, P.S.
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$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 DeBary Partners, LP (file number 803946588), a Domestic Limited Partnership (LP), was filed in this office on February 23, 2021.

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 March 08, 2021.

THE OF YEAR

Phone: (512) 463-5555

Prepared by: SOS-WEB

Ruth R. Hughs Secretary of State

Come visit us on the internet at https://www.sos.texas.gov/ Fay: (512) 463-5709

Fax: (512) 463-5709 Dial: 7-1-1 for Relay Services TID: 10264 Document: 1032867680002