Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000130523 3)))



H210001305233ABCR

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.

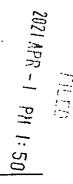
Account Number : 120160000017 : (855)498-5500 Phone : (800)432-3622 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:_					
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# FLORIDA/FOREIGN LP/LLLP BOYD FAMILY INVESTMENTS, L.P.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$1,052.50



Tallahassee, FL 32314

2	COVER LETTE	R	<u>:</u>	
TO: Registration Section Division of Corporations			•	
SUBJECT: Boyd Family Investments, L.P.				
Name of Foreign Limited Partne	ership or Limited Liabi	lity Limited Partner	ship	
The enclosed application, certificate of status and fee partnership to transact business in Florida. Please return all correspondence concerning this mat		ster a foreign limited	i partnorship or limited	I liability limited
Teresa Schiller				
Contact Person				
Beard Kultgen Brophy Bostwick & Dicks	son, PLLC			
Firm/Company				
220 South Fourth Street				
Address				
Waco, Texas 76701				
City, State and Zip Code				
schiller@thetexasfirm.com  E-mail address: (to be used for future annual repor	t notification)			
For further information concerning this matter, pleas	se call:			
Teresa Schiller	at ( 254)_	776-5500		
Name of Contact Person	Area Code and I	aytime Telephone I	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 F and Certified Co	y Certified (		
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Re Di Ti	reet Address: egistration Section vision of Corporate Centre of Tall	rations ahassee	
Tallahassee, FL 32314	24	15 N. Monroe S	treet, Suite 810	

Tallahassee, FL 32303

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

(Name of Lin	rtnership xuffixes: Limited Partnership.	Limited Parinership, which must include suffix) Limited, L.P., L.P., or Ltd. nited Liability Limited Partnership, L.L.L.P., or LLLP.	
If name unavailable,	name under which the limited partnershi business in Florida; i	ip or limited liability limited partnership proposes to request contain acceptable suffix.	gister to transact
2 Texas	,	3 March 29, 2004	
*,	e or Country of Formation	Date of Formation	
4. Federal Employer	Identification Number: 20-0949693	<u> </u>	
	d Agent for Service of Process and Flo		
InCorp Services, L			
17888 67th Court	North		
Loxahatchee, FL			
<ol> <li>I hereby accept the of all statutes relati my position as regis</li> </ol>	ive to the props: and complete performance agent.	pree to act in this capacity. I further agree to comply we ince of my duties, and I am familiar with and accept the Janice Null on behalf of InCorp Service of Registered Agent	OUTERIONS OF
6 7 1 1 1 0 0 0 0 mm	()	8. Mailing Address:	
7. Principal Office:		8616 Greenville Ave., Suite 101	2
8616 Greenville A	Ave., Suite 101	-	921
Dallas, Texas 75	243	Dallas, Texas 75243	2921 APR
9. If limited partner	ship is a limited liability limited partn	ership, check box.	P
_	office address, and mailing address o		
	Partner: Boyd Family Management,		. ā
			<del></del>
Street Address:		Street Address:	
	Dallas, Texas 75243		<u></u>
Mailing Address:	8616 Greenville Ave., Suite 101	Mailing Address:	
	Dallas, Texas 75243		<del></del>
Name of General		Name of General Partner:	
		Street Address:	
Street Address:			
Mailing Address:		Mailing Address:	<u></u>

## Page 1 of 2

Name of Gener	al Partner:	Name of General Partner:
Street Address:		Street Address:
Mailing Addre	ss:	Mailing Address:
(Effective date can. Note: If the date in document's effecti  12. Attached is a co Florida Departmen	serted in this block does not meet the applica- ve date on the Department of State's records. ertificate of existence duly authenticated, not it of State, by the Secretary of State or other o	ble statutory filing requirements, this date will not be listed as the
	31st day of March BOYD FAMILY By:	MANAGEMENT, L.L.C.
The individual sign submitted in a doc	R. Craig Co ning this document affirms that the facts state ument to the Department of State constitutes	olwick, Vice President dhe individual is aware that false information a third degree felony as provided for in s.817.155, F.S.
(	Certified Copy (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75

Page 2 of 2

Ruth R. Hughs Secretary of State

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 Boyd Family Investments, L.P. (file number 800322847), a Domestic Limited Partnership (LP), was filed in this office on March 29, 2004.

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 29, 2021.



Phone: (512) 463-5555

Ruth R. Hughs Secretary of State