

Office Use Only



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04/28/21--01014--005 **1008.75





COVER LETTER

SUBJECT: Winston Termine, L.P. 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: John Crow Miller Contact Person Holman Robertson P.C. Firm/Company 8226 Douglas Ave., Suite 550 Address Dallas, TX 75225 City, State and Zip Code jmiller@hrepe.com B-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: John Crow Miller Name of Contact Person Enclosed is a check for the following amount: St.000.00 Filing Fee (\$965 Filing Fee and S1,008.75 Filing Fees and Certificate of S1 and Certificate of Status Fee) Mailing Address: Registration Section Street Address: Registration Section Registration Registratio	TO: Registration Section Division of Corporations		:	,	:
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P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

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

Winston Termine, L	.,P.						
Acceptable Limited Po	irtnership suffixes: Limited Partner	bility Limited Partnership, which must include suffix) rship, 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 regida; must contain acceptable suffix.	ister to transact				
2. Texas		3. April 14, 2021					
	te or Country of Formation	Date of Formation					
4. Federal Employer	Identification Number:						
5. Name of Registere Grant Matzen	d Agent for Service of Process and	d Florida Street Address:					
2900 Harper Rd.							
Melbourne, FL 32904			202				
	ive to the proper and complete ferfe tered agent.	and agree to act in this capacity. I further agree to comply with mance of my duties, and I am familiar with and accept the ture of Registered Agent					
7. Principal Office:		8. Mailing Address:	2: (
-		2900 Harper Rd.	00 Harper Rd.				
Melbourne, FL 32904		Melbourne, FL 32904					
10. Name, principal Name of General		·					
Street Address: _	Dallas, TX 75235	Street Address:					
Mailing Address:	6626 Oakbrook Blvd.	Mailing Address:					
Dallas, TX 75235							
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 document's effective date on the Department of 12. Attached is a certificate of existence duly a Florida Department of State, by the Secretary of the law of which it is organized. Signed this	an 90 days after the date this document is filed by the Florida Department of State.) at meet the applicable statutory filing requirements, this date will not be listed as the
Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (option	nal): \$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 Formation for Winston Termine, L.P. (file number 804029051), a Domestic Limited Partnership (LP), was filed in this office on April 16, 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 April 27,302



Phone: (512) 463-5555

Prepared by: SOS-WEB

Ruth R. Hughs Secretary of State