

B21000000410

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

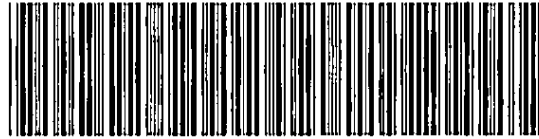
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200372931542

09/13/21--01045--022 **1000.00

FILED
21 SEP 13 PM 2:46
CLERK OF DISTRICT COURT
ALABAMA

T/C
9/16/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMPM CONSTRUCTION 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:

RICHARD S. WEINSTEIN, ESQ.

Contact Person

RICHARD S. WEINSTEIN, P.A.

Firm/Company

250 S. CENTRAL BLVD., SUITE 101

Address

JUPITER, FL 33458

City, State and Zip Code

RICHSW@RICHARDWEINSTEIN.NET

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

For further information concerning this matter, please call:

RICHARD WEINSTEIN

at (561) 745-3040 x3

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$1,000.00 Filing Fee (\$965 Filing Fee and \$35 Registered Agent Fee)	<input type="checkbox"/> \$1,008.75 Filing Fees and Certificate of Status	<input type="checkbox"/> \$1,052.50 Filing Fees and Certified Copy	<input type="checkbox"/> \$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. AMPM CONSTRUCTION L.P.

(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

State or Country of Formation

3. JANUARY 12, 2006

Date of Formation

4. Federal Employer Identification Number 20-4123443

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

RICHARD S. WEINSTEIN, ESQ.

250 S. CENTRAL BLVD., SUITE 101

JUPITER, FL 33458

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


Signature of Registered Agent

7. Principal Office:

4743 MERWIN STREET

HOUSTON, TX 77027

8. Mailing Address:

4743 MERWIN STREET

HOUSTON, TX 77027

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: BUILT BY HABITAT LLC

Name of General Partner: _____

Street Address: 4743 MERWIN STREET

Street Address: _____

HOUSTON, TX 77027

Mailing Address: 4743 MERWIN STREET

Mailing Address: _____

HOUSTON, TX 77027

Name of General Partner: _____

Name of General Partner: _____

Street Address: _____

Street Address: _____

Mailing Address: _____

Mailing Address: _____

FILED
21 SEP 13 PM 2:48
CLERK OF DISTRICT COURT
JULIA A. HARRIS, CLERK
CLERK OF DISTRICT COURT

Name of General Partner: _____ Name of General Partner: _____

Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

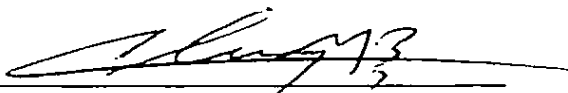
11. Effective date, if other than the date of filing: _____

(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 17th day of AUGUST, 2021



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

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Jose A. Esparza
Deputy Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Deputy Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for AMPM CONSTRUCTION L.P. (file number 800597422), a Domestic Limited Partnership (LP), was filed in this office on January 11, 2006.

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

Delayed Effective date: January 12, 2006

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 August 07, 2021.



A handwritten signature in black ink, consisting of a stylized 'J' and 'E' followed by a horizontal line.

Jose A. Esparza
Deputy Secretary of State

Come visit us on the internet at <https://www.sos.texas.gov>

Phone: (512) 463-5555
Prepared by: SOS-WEB

Fax: (512) 463-5709
TID: 10264

Dial: 7-1-1 for Relay Services
Document: 1070571710003