Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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## FLORIDA/FOREIGN LP/LLLP SARAPE, LP

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December 28, 2022

FLORIDA DEPARTMENT OF STATE

CORPORATE CREATIONS INTERNATIONAL INC.

SUBJECT: SARAPE, LP

REF: W22000157856

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The general partned/s, if a legal entity, must be registered and active with our records.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

STANTON H ROBERTS Regulatory Specialist II

FAX Aud. #: H22000433580 Letter Number: 622A00028906

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

L SARAPE, LP		
(Name of Limited Partnership or Limited Liab Acceptable Limited Partnership suffixes: Limited Partner Acceptable Limited Liability Limited Partnership suffixes:	ship, Limited, L.P., LP, or Ltd.	•
If name unavailable, name under which the limited partness in Flori	ership or limited liability limited partnership pida; must contain acceptable suffix.	proposes to register to transact
2. Texas	02/21/2003	
State or Country of Formation	Date of Formation	 on
4. Federal Employer Identification Number:		
5. Name of Registered Agent for Service of Process and	l Florida Street Address:	
Corporate Creations Network Inc.		
801 US Highway 1		
North Palm Beach, FL 33408		
6. Thereby accept the appointment as registered agent an of all statutes relative to the proper and complete performy position as registered agent.  Signat	rmance of my duties, and I am familiar with a	and accept the obligations of
7. Principal Office:	8. Mailing Address:	
4515 Lyndon B. Johnson Fwy	4515 Lyndon B. Johnson Fwy	<b>20</b>
		——————————————————————————————————————
Dallas, TX 75244	Dallas, TX 75244	JAN -3
9. If limited partnership is a limited liability limited pa	ertnership, check box.	
10. Name, principal office address, and mailing address	s of each general partner;	AM 11: 01
Name of General Partner: AGP MANAGEMENT, LL	C Name of General Partner:	, : <u>0</u>
4515 Lyndon B. Johnson Fwy	Street Address:	
Dallas, TX 75244		
Mailing Address: 4515 Lyndon B. Johnson Fwy	Mailing Address:	
Dallas, TX 75244		
Name of General Partner:	Name of General Partner:	
Street Address:	Street Address:	
Mailing Address:	Mailing Address:	

#### Page 1 of 2

the law of which it is organized.  Signed this   The individual signing this docume submitted in a document to the De Filing Fees:  Certified Copy	Sig ent affirms that the fact partment of State const		
the law of which it is organized.  Signed this   The individual signing this docume submitted in a document to the De Filing Fees:	Sig ent affirms that the fact partment of State const	Savilla By: Erin Saville, Special Manager for General Partner (nature of a general partner) ts stated herein are true and the individual is aware that false information titutes a third degree felony as provided for in s.817.155, F.S. \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)	
the law of which it is organized.  Signed this   The individual signing this documents.	Sig	Savilla By: Erin Saville, Special Manager for General Partner trature of a general partner ts stated herein are true and the individual is aware that false information	
the law of which it is organized.	Tin	Saville By: Erin Saville, Special Manager for General Partner	
the law of which it is organized.			
the law of which it is organized.	day of	.20 23	
the law of which it is organized.			
		ed, not more than 90 days prior to the delivery of this application to the other official having custody of the entity's records in the jurisdiction unc	er
11. Effective date, if other than teleffective date cannot be prior to re. Note: If the date inserted in this blocument's effective date on the Date in the Date i	nor more than 90 days a	after the date this document is filed by the Florida Department of State.) applicable statutory filing requirements, this date will not be listed as the	
Mailing Address:		Mailing Address:	
Street Address:		Street Address:	
		Name of General Partner:	
Name of General Partner:			
Name of General Partner:			

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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 Limited Partnership for SARAPE, LP (file number 800177436), a Domestic Limited Partnership (LP), was filed in this office on February 21, 2003.

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 December 23, 2022.



Phone: (512) 463-5555

Prepared by: SOS-WEB

Jose A. Esparza Deputy Secretary of State

Fax; (512) 463-5709 TID: 10264 Dial: 7-1-1 for Relay Services Document: 1208114070003